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## HEART DISEASE

POINTS EVERY NURSE SHOULD KNOW ABOUT IT

BY JOHN WYCKOFF, M.D.

CLASSIFICATIONS are always a bore, but it is impossible to arrive at an idea of what heart disease is, without grouping the different types. First, heart disease may be congenital or acquired. *Congenital heart disease* is that type which is caused by faulty development of the heart structures before birth. It is due to the same kind of faulty development which causes hare lip and a cleft palate. These latter conditions, since they may be easily approached, can be greatly benefitted by surgical treatment. Congenital defects of the heart, however, can not, of course, be given surgical aid, and medicine no more affects them than it cures a hare lip. If the congenital defect in the heart is so great that the circulation cannot be maintained, the child dies at once. If it is only slight, the child may grow even to adult life. It is obvious that little successful treatment can be given a congenital heart.

*Acquired heart disease* is heart disease which is developed after birth and it must be subdivided into three types.

These are *senescent, infective, and toxic*. *Senescent heart disease* is the type which is found in elderly people. It is really a question as to whether it should be called disease. Every species of living thing has an average length of life. The average life of a man, unin-

*HEART failure is seen not only in heart disease. Everyone who is reading this paragraph has felt some of the symptoms of this condition.*

fluenced by infections or other diseased conditions, is between seventy and one hundred years, while the average life of a dog is between eight and ten years. As a man grows older, changes take place in every cell in his body.

This condition can often be recognized by changes in his skin, and we call such a person old. In the same way, changes take place in his heart and blood vessels and finally they are not able to function properly. The patient then begins to develop heart failure and, since every tissue and organ in the body depends on receiving its proper blood supply, the degenerative changes in all these organs take place more rapidly. Finally, the heart is unable to maintain circulation at all, and the patient dies—not really because

of disease, but because the cells no longer can be regenerated. This type of heart disease is very commonly seen. As preventive medicine saves the life of children and young adults from death due to preventable disease, more and more people will die from heart failure, due to this cause. While senile hearts cannot be prevented, a properly regulated life will delay the onset of such changes. This is a condition which most of us will die of, if we are not carried off by some infection, disease of metabolism, or cancer.

Acquired heart disease is always due to poisons acting on the circulatory organs. Most frequently such poisons come from the infectious diseases, but they may come from the faulty metabolism of food, or even from poisons coming from without the body as, for example, in lead poisoning. *Infectious heart disease* may be due to almost any infection, but it is most commonly seen after a group of diseases which are ordinarily called rheumatic, and after syphilis.

A patient suffering with an infectious type of heart disease passes through two stages, an active and an inactive stage. This can best be illustrated by thinking of a burn. If we place our hand in a strong acid, we will develop a burn; if this burn is severe, it will interfere with the function of the hand, because of the pain and swelling of the tissues. This is the active stage of the burn. If such a burn is not too severe, healing takes place, and after the healing a scar forms, and this scar contracts, and if the contracture is great enough, we will again have interference with the function of the hand, because the scar tissue which replaces the normal skin and

muscles cannot do the work of the tissue which it replaces. Although the burn is entirely healed, the patient suffers from the inactive results of the burn.

In active heart disease, we have the tissues of the heart acutely inflamed and unable to do their work because of this inflammation. If the infection is not too great, the heart heals, leaving scars either on its surface or in its muscle or on its valves. These scars contract and, although the active inflammation has left, it is never so well able to do its work as it was before the infection took place. This second stage is called inactive heart disease.

Rheumatic heart disease follows acute rheumatic fever, chorea, tonsillitis and growing pains in children. It is the kind of heart disease which we most frequently find in early life. The cause of rheumatism has not yet been discovered, but it seems probable that the portal of entry of the virus of the disease is frequently the tonsil. It is the problem of the physician, in a case of rheumatic heart disease, to eliminate all foci of infection in such places as diseased tonsils, teeth, sinuses, middle ears, and so forth, as it is believed that such foci are frequently the portals of entry for the virus of the disease which causes rheumatism and the allied infections. This is true whether the case be in the active stage or the inactive; in the active stage as we wish to eliminate the infection, and in the inactive stage because we are very anxious that the heart shall not again become infected, i. e., become active and undergo further inflammation resulting in further scarring. In active syphilitic heart disease, we treat the syphilis directly; and probably there would be very few

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cases of syphilitic heart disease if all syphilis were treated early and adequately. When any type of infectious heart disease has gone into the inactive stage, our efforts should be to keep the heart muscle in as good condition as possible. This is done by giving proper amounts of rest and exercise and by generally good hygienic care and, when indicated, the use of certain drugs.

*Toxic heart disease* also has an active and an inactive stage. The active stage is, however, much less acute, as usually the poisons are slowly absorbed. Just as in infectious heart disease, it is of great importance to eliminate the poison. This can be done by proper diet, by improving the digestion, or by constantly guarding against the entrance of outside poisons, such as lead, alcohol and tobacco.

It is an obvious fact that a heart is placed in our bodies to perform certain functions, and the only reason that we fear heart disease is because whether active or inactive, it interferes with the work of the heart. The work of the heart is to pump the blood to every tissue in the body so that it may carry nourishment to these tissues, and take away the waste matter which is produced after the tissues have done their work. Whenever the heart fails to send sufficient blood to perform these duties, the patient suffers from certain symptoms which are known as the symptoms of heart failure. Heart failure is seen not only in heart disease. Everyone who is reading this paragraph has felt some of the symptoms of this condition. If a healthy man runs quickly up several flights of stairs, his muscles call for more blood. The heart responds by sending more blood. If this exercise

is continued, there comes a point where the muscles call for more blood than the heart is able to pump. The man then becomes short of breath, which is the first symptom of heart failure. If he continues in this exercise, he will develop other symptoms of heart failure, as cough and nausea and vomiting. Anyone who has ever watched a four-mile boat race, or athletes running long distance races, has seen all the symptoms of heart failure, in perfectly healthy individuals. The symptoms in a patient having heart disease are exactly the same; the only difference being that much less exercise brings them on. Usually the patient who has walked with comfort four flights of stairs notices that one or two flights now make him short of breath, and very serious cases of heart disease have these symptoms even when they are at rest in bed. It is because the symptoms of heart failure are exactly the same in all kinds of heart disease, that many of us think of all heart disease as being a single thing, while it is really not a single disease, but many different forms of disease. It is because of a lack of appreciation of this fact that it seems so strange that one patient, having heart disease, is ordered to exercise, while another one is advised to take absolute rest, although the symptoms in both patients may be similar or even the same.

This can be made clear from the following example, again using normal athletes as an example. Three healthy young men enter college at the same time. At the time that they enter, all three are able to climb four flights of stairs without breathlessness. A. becomes very interested in his studies and

although he has previously led a very active life now leads a sedentary life and takes no exercise. B. goes into training for cross country running and under proper training takes a proper amount of exercise. C. leads a life similar to the one they had all lived before entering college. At the end of the three months A. becomes breathless on climbing a single flight of stairs because he has had too little exercise. C. still can climb four flights without breathlessness; but B., who has been in training, can now climb six flights before he notices shortness of breath. In other words, B. has increased the ability of his heart to do work, by proper exercise. Now let us take our illustration a little farther. B. is so enthusiastic over his athletics that he over-exercises and soon he finds that he is getting breathless at four flights; he thinks this is because he is not doing enough exercise and he works all the harder, but to his chagrin after a few weeks his condition is as bad as A.'s, he gets breathless now after two flights. The trainer tells him he is "stale," but what has happened is that he has given his heart too much to do. In order to keep a normal heart at its highest efficiency a proper amount of exercise and rest is necessary. This is also true of the diseased heart.

Fine judgment is frequently needed

to determine whether a diseased heart needs more or less exercise. Some patients with heart disease should not exercise at all, others need considerable exercise, and this can only be determined by careful study of each case by a physician of experience.

To sum up,—the majority of the symptoms of all kinds of heart disease are due to heart failure, but the causes of heart failure are many. As we said in the first paragraph, they may be due to congenital defects of the heart, or acquired disease of the heart. Acquired disease of the heart may be due simply to the changes of old age, to infections from bacteria, or to poisons coming from improper food, or such poisonous substances as lead. Although the symptoms of heart failure are the same and are due to the fact that the heart is unable to do the work, the reasons for its being unable to do its work come from many causes. An intelligent understanding of what these causes are, how they can be avoided, and how remedied when they do occur is essential to the proper care of the cardiac patient.

NOTE.—Dr. Wyckoff will follow this article with a discussion of the use of digitalis and the nursing care incident to its use. Further information on the care of heart disease may be obtained without cost from the Association for the Prevention and Relief of Heart Disease, Inc., 370 Seventh Ave., New York.

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"All of us who give service, and stand ready for sacrifice, are the torch bearers. We run with the torches until we fall, content if we can then pass them to the hands of other runners.  
\* \* \* Both life and death are parts of the same Great Adventure."—Theodore Roosevelt.

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*Biennial Convention, Detroit, Michigan, June 16-21.*

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## NURSING OF CASES OF GASTRIC AND OF DUODENAL ULCER

BY CARRIE BELLE MCNEILL, A.B., R.N.

THE treatment of gastric and duodenal ulcer, as we carry it out today, is a thing of comparatively recent years. Recognized and described as a disease entity about 1830, gastric ulcer even then was found effectively treated by the milk diet; but whereas the earlier students of this ailment found in a so-called "dietetic rest cure"<sup>1</sup> the fundamentals of their system, today, specialists see in the neutralization of free acid in the stomach the foundation on which the most efficient treatment is to be based.

In the outlines of treatment that various men have laid down as a result of their study, we find that all are agreed on absolute rest during the first period of ten days to two or three weeks. As to the diet during this time, opinion varies. Total abstinence by mouth and rectum has been recommended for two or three days or until the stools give evidence that bleeding, if present, has ceased. Nourishment, whether given immediately or following this period of abstinence, consists of some form of milk, egg—raw or rarely cooked,—and meat broths, these being given frequently in small amounts. When the diet is increased, concentrated, bland, non-irritating foods are selected. The interval of feeding varies from the diet given four or five times a day to that which is given regularly every two hours from seven in the morning to nine at night. Later in the treatment, there

is a return to the normal three meals a day.

The use of alkalies in the treatment is regarded by some as incidental and by others as an important factor. The success of Carlsbad water or salts given on the fasting stomach in the early morning followed one of the first attempts in treating ulcer, though at the time its success was accounted more particularly that of a laxative than antacid. Then bismuth, subnitrate or subcarbonate, in thirty grain doses, three times a day, before eating, was found beneficial both because of the mechanical protection it afforded the ulcerated surface of the stomach and likewise because of its anti-acid qualities. Later, dilute solutions of silver nitrate three times daily before eating, and finally solutions of soda bicarbonate have been experimented with favorably, but without the definite aim of continued neutralization of the stomach content, and without being checked from day to day in their effectiveness.

These treatments seem but approximations. It remained for Dr. Bertram W. Sippy to outline with accuracy and simplicity a management that "attacks and effectually destroys the disintegrating and digestive action of the gastric juice"<sup>2</sup> by neutralizing with alkalies the free acid of the stomach, and maintaining a neutral medium which in itself renders the gastric juice inactive.

Dr. Sippy divides ulcers into two

<sup>1</sup> Nothnagel's Practice; Volume on Diseases of the Stomach, Riegel.

<sup>2</sup> Oxford Loose Leaf Medicine; Article on Gastric Ulcer, Bertram W. Sippy, M.D.

types; namely, the non-obstructive or the usual gastric ulcer, and the obstructive which involves the pyloric opening of the stomach or the usual duodenal ulcer. The latter produces more acute symptoms and is the more easily recognized because of its accompanying marked stomach retention and high acidity.

Treatment of the non-obstructive type of ulcer is outlined briefly as follows:

For the first three weeks, there will be rest in bed with a diet of half and half milk and cream, three ounces, every hour, from seven in the morning to and including seven in the evening. Powders consisting each of calcium carbonate ten grains and sodium bicarbonate thirty grains, will be taken, one every hour from seven-thirty in the morning to and including seven-thirty in the evening and at eight, eight-thirty and nine. Each powder is mixed and taken with about an ounce of water. Calcined magnesia, ten grains, with sodium bicarbonate, ten grains, may be substituted for the above powder as needed to control the bowels; and it is desirable that stools be kept loose during this time.

To find with what success this program meets, control aspirations are made several times each week alternating afternoon and evening; one-half hour before the powder and before the feeding, in the afternoon; and one-half hour after the last powder, in the evening. The presence of free acid can be determined and information obtained as to the motor power of the stomach. Should the aspirations consistently show an excess of free acid, additional alkali, —sodium bicarbonate, ten grains, or

calcium carbonate, ten grains,—is added to each powder until the control of free acid is established.

After several days of this routine three ounces of some well-cooked cereal may be given with the milk and cream of one feeding, and a bit of sugar. On the next day will be two diets, one of cereal, the second a soft boiled or soft poached egg, in addition to the milk and cream feeding. The feeding may be increased in this fashion, until at the end of the first week or ten days, six diets—three eggs and three cereals—in addition to the regular hourly feedings are being taken at eight, ten, twelve, two, four and six o'clock. After two weeks, little additions and substitutions may be made to vary the monotony;—a custard with toasted cracker for the egg feeding, a cream soup for the regular cereal, but never adding greatly to the amount nor changing the spirit of the routine.

With the fourth week, the patient is allowed up for a short period each day; then twice a day, gradually increasing the time until by the fifth or sixth week, he may resume reasonable habits of activity and rest.

In the fourth week, the diet will consist of three meals a day, no meal to exceed fifteen ounces bulk, the evening meal preferably about eight ounces. This quantity will not include the liquids which may be taken, such as tea, coffee, soups, etc. The food will have a wider variety now, permitting vegetable purees, cooked fruits, and all of the simpler desserts. White meat of chicken, fish, crispy bacon, and bread and butter may be included, though emphasis still is placed on cereal and eggs which are given in at least two out of

<sup>3</sup> *Diseases of the Stomach*, Geo. R. Lockwood, M.D.

the three meals. Meals should be served with regard to a definite schedule; and between meals the milk and cream and powders will be continued,—a powder being taken every half hour following the meal until three are taken, and then alternating each half hour with the milk and cream until the next meal. The four powders every half hour after the last feeding at seven o'clock will be taken. Likewise the control aspiration is maintained until the conclusion of five or six weeks, or until the patient returns to active life and work. Management may be continued along this direction for a year according as may be indicated, though powders are usually discontinued for several days after the first ten weeks and for a similar period every five or six weeks thereafter.

The treatment of the duodenal or obstructive ulcer in principle is the same as the above, but in application requires more alkali and the use of regular nightly powders to control the increased acidity, as well as regular nightly aspirations both to empty the stomach and to determine the control of the free acid, that alkali may be administered more accurately. Moreover, the obstructive ulcer is more slow in response to treatment; and its continued resistance in high retention may prove an indication for surgical intervention.

For the nurse, aside from the usual care of a patient which insures daily cleanliness and comfort, this routine may be reviewed with practical suggestion. The whole-milk and twenty-two per cent cream may be mixed and kept in a twelve-ounce nursing bottle, or lacking this an ordinary magnesium citrate bottle. The bottle is placed in a straight-sided pitcher which is large

enough to permit packing in chipped ice, for the milk and cream diet is better borne if taken cold. It will be necessary to carefully wash this bottle at each filling and to boil it at least once a day. If the taste of the milk be particularly unpleasant to the patient or becomes so, devices may be used to offset or overcome what might become an intolerance. Instead of the three ounces measured separately, the whole feeding may be given in a tumbler so as to be more quickly and easily swallowed. Juices of cooked fruits such as grape, blackberry, raspberry or loganberry may be taken, a sip or two following the feeding or mixed with the feeding so as to flavor the whole. Fruit juices may likewise be used to offset the flat, after-taste of the powders. It has also been found satisfactory to mix coffee with the milk and cream to make it more palatable where coffee is favored. The proportion is one ounce of coffee to three ounces of milk and cream, giving four ounces of the mixture at a feeding. Should the taste of the milk persist throughout the day, it is well to have the patient rinse his mouth with cold water after each feeding or introduce a mild mouth wash such as Lavoris, Listerine, or Glycothymoline.

The diets, when added, to be relished must be carefully and daintily served; and variations within the limits laid down are much to be desired. Eggs, if not hard, may be given in almost any form,—boiled, poached, scrambled, shirred, omelet, custard, egg nog,—cereals, always the finer and well cooked, are many, and may be changed from time to time for cream soup and soft puddings such as blanc mange, rice pudding, and tapioca. Little additions of

toasted cracker, buttered toast, and fruit jelly of all kinds will be welcome. With the greater liberty of the fourth week, the patient's taste may be consulted in the choice of vegetables and desserts, and in the planning of the meals.

For the aspirations, the Ewald bulb and stomach tube are convenient. These should be carefully washed in soap and water and rinsed in hot water after each using to avoid odor; and if used for more than a single patient, should be disinfected as well in some odorless antiseptic such as bichloride of mercury (solution 1-500). To test the stomach content for free acid, a solution of dimethylamido azobenzol one-half per cent in alcohol is used. The solution itself is a golden brown. Its reaction to the free acid is a definite pink or red; and but one drop of the solution is needed to obtain this reaction.

Where marked abdominal cramps are present, heat may be ordered, and may be supplied by electric pad, hot water bottle, or if moist heat be desired, by flannel packs covered with oiled silk and a second piece of dry flannel, the whole being held in place by a snug binder. The packs should be changed frequently, about every hour during the day, at longer intervals at night.

It must be remembered by both patient and nurse that in the successful treatment of ulcer, conscientious pursuance of the course of treatment as laid down by the physician is the fundamental requirement. Personal departures for convenience, or backsliding for pleasure, are not compatible with a management which exacts a disciplined watchfulness and consistency in maintaining conditions favorable for the healing of the ulcer.

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#### FAVORITE METHODS OF SOME PHYSICIANS

**CORNS AND CALLUS.**—Simply recommend the wearing of ordinary zinc-oxide adhesive as a protection, and the affliction will leave of its own accord.

Put on a fresh dressing just as often as the old one becomes soiled; for weeks if needed.

**THE HYPODERMIC SYRINGE.**—There is just a little technical point in the use of the hypodermic needle worth noting. After the needle is plunged to the shoulder, slightly withdraw it about one-eighth to one-quarter of an inch before pushing down the piston.

—From *Clinical Medicine*.

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*Biennial Convention, Detroit, Michigan, June 16-21.*

## AN EXPERIMENT SUGGESTING A TEACHING METHOD FOR THE HEAD NURSE<sup>1</sup>

BY SISTER M. DOMITILLA, R.N.

THOSE of us who are responsible for the training of student nurses are confronted with the problem of effective teaching, a problem which, with the rapid development of medicine, seems to take on greater proportions each year. Often we give the students excellent instruction in the class room, and discover later that they have not been well taught because of our failure to dovetail the instruction in the class room with the work on the wards.

Students must not only be taught facts in the class room, but must also be taught to seek facts in their experience. A well known educator recently said that what we need is not so much the technic of teaching as it is the technic of learning. We all know of students who have come away from a ward after two or three or four weeks' experience, with typhoid patients, let us say, knowing very little about typhoid fever. On the other hand, a nurse who has cared for only one typhoid patient may have acquired a very thorough knowledge of typhoid nursing. If the patient were a member of her family or some one in whom she were vitally interested, how carefully she would post herself on all possible complications and the symptoms that would usher in those complications; how vigilant she would be to observe any sign of changed conditions; what effort she would make to learn the proper method of nursing. Her interest in the patient would stimu-

late her to seek facts; indeed, interest is the great stimulus to nursing at any time, and though students are usually much interested in their patients in a general way, they sometimes need to be awakened to the kind of interest that will stimulate observation, thought and investigation.

The experiment which I shall describe is a project that was attempted with the hope of stimulating students to teach themselves, and to make them utilize their wonderful opportunities of learning in their great laboratory, the hospital. When the experiment was begun, three years ago, our students were in affiliation for medical nursing and nursing in children's diseases. They received detailed classroom instruction in both these subjects before leaving for affiliation, and they had the privilege of excellent experience in the actual care of medical patients and children in the hospital chosen for that experience. But, owing to unavoidable circumstances, there was a failure to dovetail their theoretic knowledge with their experience; the fact became evident when reports from the State Board of Nurse Examiners showed that the graduates made their lowest marks in medical nursing and in nursing in children's diseases.

The plan to teach students to teach themselves, was first tried in the Isolation Hospital at a time when there were a number of cases of contagious diseases. A card with a series of questions and suggestions for guiding the students was prepared for each contagious disease.

<sup>1</sup> Read at the twentieth annual convention of the Iowa State Association of Registered Nurses, October 12, 1923.



The card for Diphtheria, for example, contained the following points:

1. What is the history of the patient?
2. Symptoms:
  - What is the temperature, the pulse, the respiration?
  - What is the appearance of the throat?
  - What is the appearance of the throat after part of the membrane has been removed through coughing or otherwise?
  - Does the membrane grow again?
  - What is the odor of the breath?
  - Is there any pain?
3. What amount of urine is excreted? What are the urine tests?
4. What medication is given? Why? Are there any ill effects to be watched for?
5. What diet is given? Why?
6. What is the nursing care? Why?
7. Are there any complications? Sequelae?
8. What articles are disinfected? How?
9. What articles have you read on this subject since you have been taking care of this patient? Which do you consider the best?
10. When you have finished taking care of this patient, prepare a summary of the following points:
  - Period of incubation.
  - Etiology.
  - Prevention.
  - Pathology.
  - Symptoms.
  - Diagnosis.
  - Treatment.
  - Duration.
  - Complications.
  - Temperature scale.
  - Pulse scale.

The student was instructed to keep a daily record of her findings and to devise an outline or chart, or some other method of keeping her record. The cards, with suggestions as described, were kept on file in the library so that they were available to the students at all times.

For a year the students used their own ingenuity in preparing forms for their reports. At the end of that time we had blanks made in order to save the students' time and to have uniformity in the reports. These blanks are now used for case studies in the Isolation Hospital, the Medical Department, and the Children's Department.

The tabulated record illustrates one of these case studies. This record represents a study of a patient with nephritis. There is space at the top of the blank for the patient's history; the space is small making it necessary to be concise and to cull out only the important facts in the history written by the doctor. The student is thus required to exercise her judgment and to select the facts that are of relatively greater importance.

The space under the history is marked "Day of Disease". If the patient is suffering from a communicable disease, such as scarlet fever or diphtheria, it is important to record the day of disease because the symptoms and the treatment have a very definite relation to the day of development. If the disease is not communicable, the space is used for recording the date as seen in this record. Spaces are also provided for temperature, pulse, and respiration, which are recorded twice each day. There are five spaces for symptoms. (Note symptoms on tabulated record).

PATIENT'S NAME

ROOM NUMBER

HISTORY

DAY OF DISEASE

Temp.

Pulse

Resp.

SYMPTOMS

Color

No pain

Appetite

good

Vision

Weight

Leucocytes

100

Hgb. 59

Amount Urine

200

Urine Tests

Sp. Grav.

Reaction

Alb. 2

R. B. Cell

Medication

Diet

Mo. SO.

Salty

Low

Fluid

Nursing Care

Nursing

Care

Patient

Kept

bed

Complications and Sequelae

None

Articles Disinfected

and Method of Disinfection

PATIENT'S NAME Age 4 ST. MARY'S HOSPITAL, ROCHESTER, MINN.

DEPARTMENT Medical

ROOM NUMBER 342

STUDENT K.E. Svoboda

HISTORY Patient had enlarged glands of neck in August. Adenoids and tonsils removed in Sep- CLASS Intermediate

tember. Since then there has been edema of ankles, wrists, abdomen and eyelids. Patient was on milk and vegetable diet for 6 weeks with improvement during months of October and November. Past month patient has been on general diet. Edema gain present over the entire body.

DAY OF DISEASE	Dec. 19		20		21		22		23		24		25		26		27		28		29		30		31	
	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.
Temp.	98	97.8	97	97.6	99	99.2	98	98.8	97	98	97.4	98	98	97	96	98	96	98	97	98.4	97	98	97	97	97	97.4
Pulse	100	108	110	110	114	108	105	120	95	100	110	95	95	112	110	110	100	103	102	100	100	100	100	100	98	100
Resp.	21	22	22	22	22	22	22	22	21	21	22	21	21	22	22	22	22	22	21	21	21	21	22	22	21	22
SYMPTOMS	Edema-Face, wrists, Ankles, Abdomen, eyelids marked		Edema, Face, hands, wrists, very marked		Less edema, Face, hands, wrists		Slight edema, Present		Edema, Lessened Considerably		Less Edema		Edema, very slight		Still less edema.		No edema		No edema		No edema		Slight edema		Face puffy a trifle, some fluid in abd.	
	Color very pale		Color very pale		Color very pale		Still quite pale		Color little better		Color little better		Color little better		Color little better		Slight color in face		Color better		Color better		Color better		Color better	
	No pain		No pain		Some pain in legs		Some pain in legs		No pain		Slight pain in legs		No pain		No pain		No pain		No pain		No pain		No pain		No pain	
	Appetite good				Slight cold		Slight cold		Cold some better		Still has a cold-Coughs some		Coughing about the same		Coughing about the same		Cough better		No cough general condition good		No cough		No cough		No cough	
	Vision poor		Eyes examined		Doctor says eyes O.K.				Child more cheerful																	
LABORATORY FINDINGS	Weight 42		Weight 41 1/2		Weight 40 1/2		Weight 39 1/2		Weight 38 1/2		Weight 38 1/2		Weight 37 1/2		Weight 37		Weight 37		Weight 37		Weight 37 1/2		Weight 38		Weight 38 1/2	
	Leucocytes 10,000																									
	Hgb. 59				Urea 12		uric acid 30																			
	Amount Urine 200+		230		250		150?		200		250		200		300		300		250		300		300		300	
Medication	Sp. Gravity 1030				Sp. Gravity 1030		Sp. Gravity 1020				Sp. Gravity 1030				Sp. Gravity 1020		Sp. Gravity 1020		P.S.P. Test				Sp. Gravity 1028			
	Reaction ac				Reaction ac		Reaction ac				Reaction ac				Reaction ac		Reaction ac		55%				Reaction ac			
Diet	Alb. 2 Fast-4				Albumen-1		Albumen-1				Alb-1 Sugar-0												Alb-2 Sugar-0			
	R.B. Cells occ				Sugar-0		Sugar-0																			
Nursing Care	MoSO, 3i		MoSO, 3i		MoSO, 3i		MoSO, 3i		MoSO, 3i		MoSO, 3i		MoSO, 3i		MoSO, 3i		MoSO, 3i		MoSO, 3i		MoSO, 3i		MoSO, 3i		MoSO, 3i	
	Salt free		Salt free		Salt free		Salt free		Salt free		Salt free		Salt free		Salt free		Salt free		Salt free		Salt free		Salt free		Salt free	
Complications and Sequelae	Low Protein		No protein		No protein		No protein		No protein		No protein		No protein		No protein		No protein		No protein		No protein		No protein		No protein	
	Fluid 600cc		Fluid 600cc		Fluid 600cc		Fluid 600cc		Fluid 600cc		Fluid 600cc		Fluid 600cc		Fluid 600cc		Fluid 600cc		Fluid 600cc		Fluid 600cc		Fluid 600cc		Fluid 600cc	
Nursing Care	General Nursing Care		General Nursing Care		General Nursing Care		General Nursing Care		General Nursing Care		General Nursing Care		General Nursing Care		General Nursing Care		General Nursing Care		General Nursing Care		General Nursing Care		General Nursing Care		General Nursing Care	
	Patient kept in bed		Patient in bed		Patient in bed		Patient in bed		Patient in bed		Patient in bed		Patient in bed		Patient in bed		Patient in bed		Patient in bed		Patient in bed		Patient in bed		Patient in bed	
Complications and Sequelae	None																									

Articles Disinfected and Method of Disinfection

References Studied "Essentials of Medicine" Emerson  
"The Principles and Practice of Medicine" Osler.

## SUMMARY

Name of Disease Nephritis { Following tonsilectomy - done perhaps when the tonsils were badly infected. Bacteria from wound

Etiology An Infection { passing through the system and affecting the kidneys.

Pathology Fluid in tissues of entire body. The glomeruli of kidney most affected, also cortex swollen and pyramids deeply congested. The kidneys were not able to excrete salts, consequently they accumulated within the body.

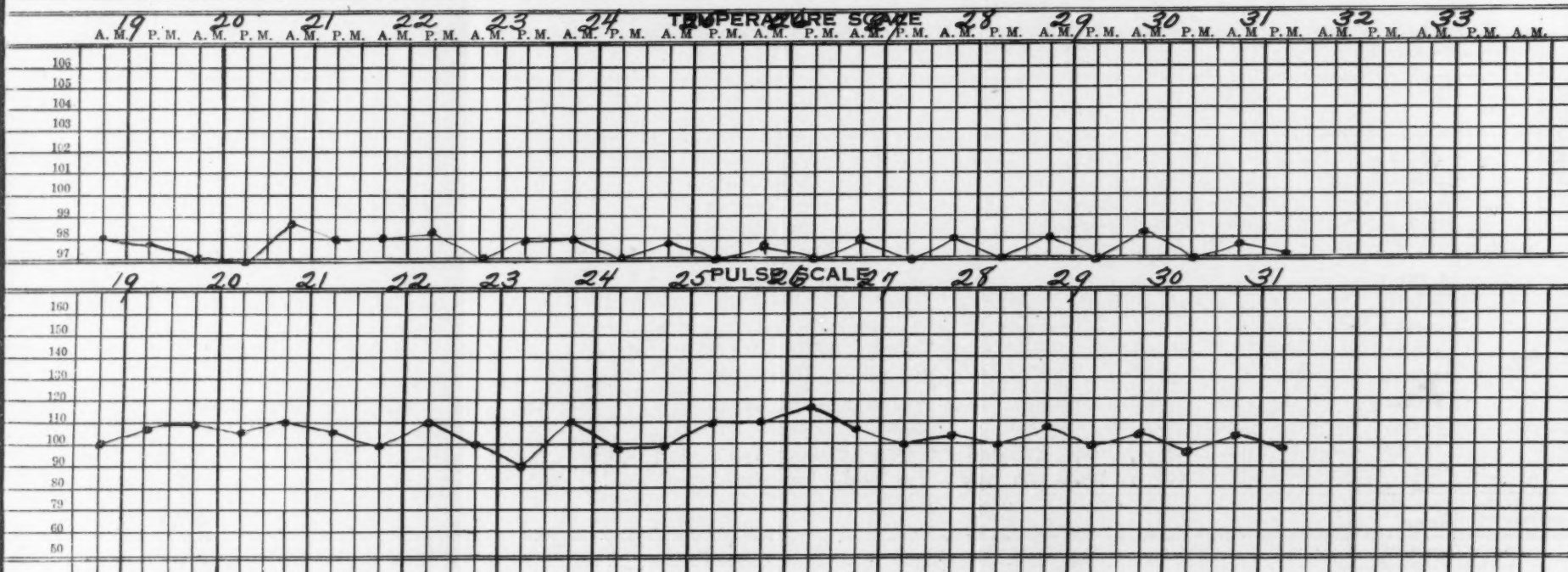
Characteristic Symptoms Edema of face, hands, wrists, eyelids, abdomen, legs and ankles. Pallor (extreme). Scanty urine (the average amount of urine for a healthy child up to five years is 15-25 ounces for twenty-four hours.)

Method of Diagnosis Made from symptoms, urine tests, and functional tests of the kidneys.

Treatment MgSO<sub>4</sub> 3r (daily) to purge bowels and rid body of waste products, especially water.  
Salt free and no protein diet - to give kidneys a rest.  
Fluid intake limited - to give the body a chance to rid itself of edema.  
Rest in bed - Keep warm - So kidneys will be taxed as little as possible.

Duration About four months (from August, 1922). Patient still in bed for treatment.

### Complications and Sequelae





It may be noted that a particular type of symptom, such as edema, is kept in a horizontal line so that after the record is completed any one studying it may easily note the patient's progress. In this case, for example, there was widespread edema the first day, it remained about the same the second and third days, and then began to diminish. About the ninth day there was no edema, but it appeared again on the twelfth and thirteenth days. It may be noted, too, that the weight fluctuated with the edema.

The laboratory findings include blood count, blood tests, urine tests, and the quantity of urine. These are secured from the laboratory reports. Spaces are also provided for medication, diet, nursing care, complications, sequelae, articles disinfected, methods of disinfecting, and articles studied. The latter pertains to articles studied during the keeping of this record.

How long each day does it take for the student to keep this record? The students are usually assigned four, five, or six patients each, but it is our practice to have them make a special study of only one at a time. A vertical line on this record represents a day's recording. After the student has had a little experience in making these records, it does not require more than five or ten minutes a day.

The reverse side of the blank represents a summary of the case, which consists of a brief, but comprehensive review of the condition studied, and proves of great value to the student.

When the student has completed her case study it is examined at the training school office. The student is questioned about the case, and if the record has

been properly kept and if she can answer the questions, the record is O. K.'d and placed on file in the library. The conference with the student is the most important factor in the plan. If a student knows she will be questioned, if she knows she will be asked to explain the statements on her record, she will be very earnest in her preparation. In the case just presented, questions that would probably be asked are:

What is the normal output of urine for a four-year-old child?

What is the normal amount of hemoglobin in the body?

What do you understand by the P.S.P. test?

What is the probable cause of this patient's relapse (indicated by reappearance of edema, and albumin in the urine)?

Draw a cross section of the kidney and point out the structures mentioned under *pathology*.

What are the essential points to be remembered in the nursing care of a patient with nephritis?

How might the disease have been prevented?

What is the dosage of magnesium sulphate and why is it given?

If a student is able to answer these questions, it is evident that she has a great deal of information, and that she recognizes it in its concrete application.

#### SUGGESTIONS WITH REGARD TO KEEPING THE RECORDS

1. The plan must be thoroughly explained to the students and the method of study suggested. They should understand that they must get all the information possible through their own experience with, and observation of the



patient, that laboratory reports and the clinical record of the patient are valuable sources of information, and that they are free to make inquiries of the doctors, head nurses, or any one who might be able to give them assistance.

2. The records must be kept up from day to day. The plan fails in its object if the student neglects her record for two or three days and then tries to make it up from memory. Much of the record is repetition. A patient with nephritis voids a small quantity of urine, and if a nurse records that fact day after day for two weeks, she is likely to remember this characteristic of the disease. If she records every day for two weeks that a rheumatic patient received fifteen grains of sodium salicylate, the association of these two facts is likely to remain with her.

3. The appearance of the record is of minor importance. It is the work that has been put into the record that is of value, not so much the finished product. A good-looking record is not to be despised, but there is danger of over-emphasizing the point to the detriment of good work.

What are the advantages of this method of teaching? I think there are many. Among them might be included the following:

1. It coordinates teaching with experience. The student learns a method of study that enables her to make the best of her opportunities, not only while in training, but in the practice of her profession. Her knowledge is correlated with its application; it is not just a mass of unrelated ideas, shreds and patches of information, soon to be forgotten. She sees her patient as a whole, and she associates the symptoms of the

disease, its pathology, the nursing care, medicine, diets, and other treatment required. This kind of teaching is qualitative in its method, rather than quantitative. The question "How much experience?" is not nearly so important as "How much has been learned by the experience?" Instructors in small hospitals, because of the limited amount of clinical material at hand, are likely to overestimate the advantages of the large amount of clinical material available in large hospitals, while instructors in large hospitals too often presume that their students are learning a great deal because of the great abundance of clinical material which the hospital affords. Experience with a large number of patients is not the most important factor in thorough training.

2. It develops the student's powers of observation, analysis, and inference, and her ability to report conditions accurately.

3. It is the salvation of the poor student. I have found that students who had been doing poor class work made remarkable improvement after they began case studies. They discovered the method of applying formal instruction, and the association of facts with a specific case makes these facts more easily remembered.

4. The students take better care of their patients. The concentration of attention, the greater interest, and the desire for a creditable record, all make for the welfare of the patient and the better training of the nurse.

The reason for calling this plan a method of teaching for the head nurse must be evident. The head nurse is in the best possible position for carrying out the project. She can advise the



student regarding cases to be chosen for special study; she can supervise the student's work and check up on her inaccuracies and irregularities; by a skillful question now and then she can keep the student on the right track and aid her in many ways.

There is probably no person in the hospital who has so many duties and responsibilities as the head nurse. Her

responsibility in the teaching and supervising of students has long been emphasized. I believe that this plan suggests a way in which this teaching and supervision can be exercised very effectively, and that the improvement of our training schools today depends more on our progress toward the attainment of skillful and sufficient supervision than on any other single factor.

## HOW LOS ANGELES NURSES FINANCED THEIR CLUB HOUSE

BY ELLA G. DIETRICH, R.N.

IN 1921 the Los Angeles Nurses' Club was organized and incorporated as a non-profit corporation, but even before then we had longed for a Club House and wondered how to get one. We had made inquiries here and there, as to how to go about borrowing money to use for building purposes, but always we ran into the obstacle, that one must first have on hand a certain amount of money or other security on which to borrow. It seemed rather hopeless to have Building and Loan Associations and other money lending concerns tell us that if we wished to put up a \$100,000 Club House, we must first have \$60,000, in cash, and then borrow \$40,000 to complete the building.

Our loyal members, and the nurses in general, worked hard to earn money for the Club; several bazaars, some theater parties, and a dance, gradually netted us enough to buy a small lot which we sold a year later at a modest profit. Our Central Registry, the nucleus of which has been a gift to the Club by the generous, broad-visioned Alumnae of one of our hospitals, was adding a modest

sum each month to our nest egg and finally, less than a year ago, we were able to buy the splendid corner lot, on which our building will stand. The possession of a beautiful lot, all our own, a hill-top lot, with an inspiring view of the ever changing mountains, gave new zest to the longing for our Club House.

Our next step was to go to an architect, for how could we plan for our Club House unless we could see what it would look like? Here, we were fortunate indeed, for we found a man who would build air castles with us, and who could even suggest a way to make them come true.

At that time we had paid for our lot in full, but had only a few hundred dollars left in the bank. Now, scarcely seven months later, we have laid the cornerstone of our beautiful building and hope to dedicate it by June 1st, 1924. And the magic formula for success? Just hard work and great confidence in ourselves!

Our architect arranged a meeting between the Building Committee and two

business men. One of them explained how we could make our building pay for itself after it was up, by making the upper floors into apartments, which could be rented to nurses at current rents (giving them more value for their money than they could get elsewhere), while the lower floor would house the club rooms. The other man told of his plan for raising the money.

Mr. L. had organized a number of Red Cross and other drives during the war and was now doing the same kind of work as a business proposition, organizing drives for various charities, etc. He explained that he thought our problem could be handled in the same way, with this difference: we would not ask for gifts, but for loans of money from nurses and friends of nurses, paying a good rate of interest for its use. Again and again, these business men reminded us that we could not ask the public to have confidence in us, until we had demonstrated that we had confidence in ourselves. Mr. L.'s proposition was interesting, so we asked him to speak before the Club and outline his plan to the members. Briefly, his plan was this: to organize, instruct, and supervise a "Selling Campaign,"—to raise \$50,000 by selling second mortgage bonds to the nurses and their friends. He would send out all literature, dictate all letters, have all printing done, pay all postage, clerical help, in short, pay all bills connected with the campaign. The nurses were to be formed into selling teams under his instruction, and do the actual selling of the bonds. If we were willing to work, he guaranteed to show us how to do it. For this he was to receive 6 per cent of the money pledged.

A bank was to be named as Trustee, and all money paid direct into this bank, to be held there until we redeemed our certificates with the bonds. With this amount of money on hand, we could then borrow the additional money needed on a first mortgage loan. Our lawyer was present and gave his approval to the plan as outlined, assuring us that those who might lend us their money would be amply protected. The importance of a first class lawyer can not be over estimated. There are numerous pitfalls into which an incorporated club can fall and they cause delay and vexation, if nothing more serious. Consult your lawyer at every step!

But, to return to our Campaign: Realizing that we had everything to gain and nothing to lose, with a rousing enthusiasm and with very little realization of what a lot of work was before us, the Club voted to enter into the project and we signed a contract with Mr. L.

No time was lost. Quickly a big forceful organization was built up. The Superintendent of City Nurses agreed to act as Campaign Chairman with the Superintendent of the County Nurses as Assistant Chairman. Each hospital gave of its best nurses to act as Directors and Team Captains and one group was formed to handle the outside graduates. Our organizer explained clearly the various steps of the Drive. Our enthusiasm mounted higher and higher. A large amount of explanatory literature was sent out to all the registered nurses of the city and county, of whom we found there were over 2000. Teams were organized. Each Alumnae Association had a team to solicit pledges to

take bonds among its own graduates and the nurses working at its hospital, while other teams covered the Red Cross nurses, the municipal nurses, and the great group of outside nurses.

The plan was to sell 5000 or more bonds of the value of \$100 each. The actual bonds, of course, were not issued at this time, but the prospective buyers signed pledge cards agreeing to take one or more bonds. The bonds were to bear 7 per cent interest and could be paid for in ten installments, if desired, but it took personal effort to place them, because second mortgage bonds are not looked upon with favor as a straight business investment.

The Drive started off with an inspirational banquet, for which over 200 places were sold, and at which good speakers, fine music and talks by the Campaign Chairman and the Campaign Director made an auspicious beginning for our Drive.

Our Campaign Director, Mr. L., had prepared cards with the name and address of every one of the 2000 registered nurses in the county and these were distributed among the various Team Captains. To all these nurses the preliminary literature telling of the plan and purpose of the Campaign had been sent, and the next move was to see them personally and sell them a bond or bonds. An "Initial Subscriptions" Committee was created to take care of wealthy friends of nurses who might be persuaded to subscribe for bonds.

It was planned to have a five-day intensive drive. Each day of the Drive the workers met at lunch at one of our large tea rooms, where one of the banquet rooms was set aside for our use. From forty to seventy-five workers were

present at lunch on each of the five days. Our Campaign Director cleverly stimulated competition among the various Alumnae and independent teams by having a large chart hung on the wall on which, after lunch, results were reported by the Team Captains and the figures charted.

We had been told that it would be necessary to sell \$10,000 worth every day. It didn't seem possible that the thing could be done, yet to our astonishment and joy the very first day brought in reports of over \$10,000 worth of pledges signed. We were cautioned not to be disappointed if a slump occurred the next day, as this would be normal. On the second day, how great was our rejoicing when we learned that nearly \$11,000 more had been pledged. "It can't keep up," our leaders said, "we must be prepared for a disappointment tomorrow," but when tomorrow came, more bonds than ever had been sold, and at the end of the fourth day our whole \$50,000 was pledged. However, we held back some \$5,000 of these pledges to report on the fifth day, for our Director assured us that he had never conducted a campaign without a drop in the curve. But now every one was at the highest pitch of enthusiasm, working at top notch speed and when the Campaign closed on the fifth day, we had pledged to us the splendid sum of \$79,400.

At the end of the Campaign, over two-thirds of the amount pledged was paid in, in cash or Liberty Bonds, and was deposited in the bank acting as trustee. With this amount of cash on hand, and with a lot that was constantly increasing in value, there was no difficulty in securing a long-term first

mortgage loan for a lower rate of interest than we were to pay on the second mortgage bonds.

But the loan of the money was not all we got out of that five-day drive. The perfect harmony which existed during that campaign had transformed hard intensive work into real joy. It was a splendid demonstration of what can be done when a group of individuals is

banded together with a single aim and all strength is centered in one strong pull. We had worked hard together. We had hoped! We had feared! We had accomplished a great task! The nurses of Los Angeles were bound together for all time by one great interest, all minor differences were forgotten, a conscious, proud group had done a big job well.



CRIB OF THE CHILDREN'S HOSPITAL OF PHILADELPHIA

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## A PRACTICAL CRIB

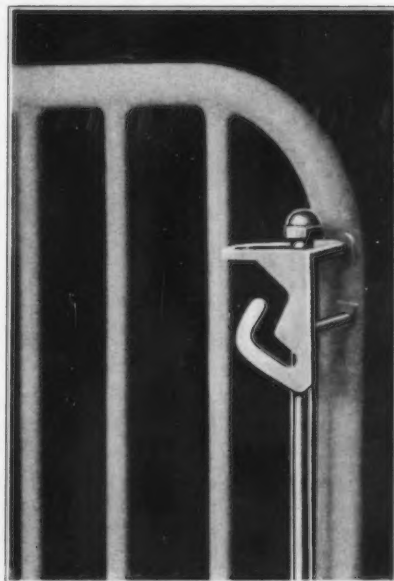
BY SUSAN C. FRANCIS, R.N.

**T**WO years ago the Children's Hospital of Philadelphia took up the problem of working out a standardized crib that would meet the needs of all the patients admitted to its wards. Philadelphia manufacturers of hospital furniture were consulted and they were asked to submit plans for a crib that would embody the following points:

- A. Safety for the child, having in mind the one of "toddler" age particularly, as the one most apt to injure himself by falling or climbing out of bed.
- B. Durability without heaviness.
- C. Simplicity of line.
- D. Ease of handling by the nurses.
- E. Special structural features such as
  - (1) Fowler spring
  - (2) Extension rods for castors
  - (3) Rods for extension on both head and foot pieces

The bed as finally decided upon is five feet in length and two and one-half feet in width. The head and foot pieces are alike in every detail and are sixty inches high. The spring is of the rustless small link National type and is thirty inches from the floor. This bed is used on all the wards, except the infant wards, and for any child admitted to those wards, no matter what his size.

In planning to meet the special requirements, "A" or safety was the first and most important consideration, and to cover this point it was realized that it was necessary to have sides or gates that the small patient could neither climb over nor open. To prevent the small patient from climbing over the



DETAIL OF LATCH AT SIDE OF CRIB

gate it was made nineteen inches above the sleeping surface or top side of the mattress. A child strong enough and tall enough to swing himself over that height is apt to get to the floor without harm to himself. The latches swung on pivots, most commonly used to suspend the sides of cribs, can readily be opened by a child either through his deliberate desire to do so or through his playing with them and unconsciously releasing the gates, thereby precipitating himself upon the floor. Then, too, these latches are usually held in place by means of screws and washers which become loosened and finally lost. The sides of the Children's Hospital bed when up are held by latches which are welded to the





CRIB OF THE CHILDREN'S HOSPITAL OF PHILADELPHIA

head and to the foot pieces of the bed. There are no movable nuts, screws or parts that can become loosened by use and lost. When a child endeavors to open the side of a crib his efforts are directed to pushing it down or out, or both. To open the side of this crib the reverse motions are necessary. The side must be grasped firmly with the arms outstretched, then lifted up and at the

same time pushed in over the bed and held until it slides down the rods to the rubber cushions at the bottom of the rods. The rods are held in place by means of cotter pins which are cheap and readily replaced if lost. There is an opening in the top of the latch about one and three-quarter inches in length to permit the free motion of the rod. Any nurse will appreciate the advantage

of having the gate drop instead of opening out. The gate drops below the mattress to permit making the bed with ease. There is one drawback and that is the noise which the rods make when the side is raised or lowered, but it is believed that the advantage of security to the patient far outweighs the disadvantage of the noise.

The second point to be considered under safety is the fact that the vertical rods of the head and foot pieces and of the sides are only three inches apart; thus there is no danger to any child, no matter how small, of having his head caught between the rods.

In planning to meet the special requirements "B" and "C," durability without heaviness, and simplicity of line,—it will be noticed in studying the photograph that the bed is made entirely without "chills," the upright rods being fastened to the horizontal pieces by means of "oxyacetylene" and "electric spot" welding. The former type of welding eliminates dust catching crevices and reduces the enamel chipping occur-

ring at loose joints. The lines are thus simple and the bed is durable.

In order that requirement "D" may be met, the bed is mounted on three-inch solid rubber wheels fastened to twenty-inch extension stems. All four stems are perforated at three-inch intervals and there are specially made pins which, when placed in these perforations, will hold the head or the foot of the bed at such elevation as may be desired. The three-inch solid rubber wheels permit a nurse to turn the bed easily in any direction.

Under "E" the Fowler spring is a most desirable feature for certain surgical conditions,—heart patients or empyema patients, etc. The horizontal rods on the head and foot pieces are obviously a necessary feature for extension and having them both at the head and at the foot makes these pieces interchangeable.

In planning this bed we received the greatest assistance and cooperation from members of two of the manufacturing firms in this city.

## THE PRIVATE DUTY NURSE <sup>1</sup>

BY ABIGAIL HAYDEN, R.N.

I SHALL not discuss the care of the patient in the hospital, hotel, or sanitarium, for although the results worked for are the same, the nurse realizes that the more serious problem lies in caring for the patient in the home which brings the difficult situation of adapting her work to the surroundings and of correcting detrimental habits which may react either mentally or

physically, according to the patient's condition. She does not expect the public or the physician always to understand when she fails, but she has for her comfort a clear conscience if she has tried to the best of her ability to accomplish all that should be done. So often self sacrifice and close application to professional duty bring only disappointment. The private duty nurse accepts the failures, if unsuccessful efforts can be rightly classed as such,

<sup>1</sup> Excerpts from a paper read at the annual meeting of the Missouri State Nurses' Association, October 9, 1923.

for frequently the results of seemingly wasted services are the unacknowledged and unappreciated success that paves the way for her sister nurse's efforts to succeed. Yes, she accepts her failures with her successes, meaning satisfied patients, and continues, in the face of disappointment, to cling to her work—thereby winning the patient's gratitude to our profession. This recognition well repays. Though our personal pride may suffer, this worth cannot be underestimated as we know that the divisions of nursing form one profession and through our devotion to duty in pleasing the patient and improving his condition, we are upholding our training school and establishing a recognized value with the family which is a part of the community and of the public.

The private duty nurse deals chiefly with the individual, but frequently she finds it necessary to coöperate with public agencies, especially in communicable diseases which are no longer family secrets but the public concern. She is of great assistance to the physician and health department in reporting diseases and their possible source. The nurse has a great opportunity as an educator of the patient and the public. This requires all the initiative and executive ability that the trained nurses of today possess, due to their advanced and adequate training in schools that realize the importance of such problems. She is enabled to assist in educating the public in understanding the causes and prevention of disease; the value of antitoxins, serums, vaccines, the Schick test and laboratory work.

The private duty nurses are in process of transfer to hospital service, but in no wise in proportion to the

increase of hospital patients, for the public is gradually becoming educated to the idea that the hospital is the suitable home for the sick.

Much has been said of our duties to others, but we are seldom reminded that we owe a duty to ourselves. The percentage of nurses is small, compared to women in other occupations, carrying insurance against the time when earning capacity is decreased and physical ability impaired. The report of the American Bankers' Association shows that out of one hundred healthy people at the age of twenty-five, sixty-four will be living at the age of sixty-five, and only five of that number will be independent, the others partially or wholly dependent upon relatives, friends, or charity. You have two chances out of three of living to the age of sixty-five, and one in thirteen of being totally independent. Your duty to the future should be met by systematically setting aside a proportion of your income each pay day, before a cent is spent.

The private duty nurse exemplifies the expression of the spirit of service and in applying herself diligently to her work, comprised of innumerable duties, she becomes an example worthy of the student nurse's emulation. By keeping up with nursing problems, through the *American Journal of Nursing*, taking active interest in her alumnae, district and national nursing organizations, she understands the deficiencies of the nurse's training and becomes a factor capable of furthering nursing education. Should she choose to leave this branch of the profession, her private duty experience will enable her to consider intelligently the importance of other fields of nursing.

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## CORRECT BUSINESS CORRESPONDENCE FOR NURSES

BY NAN H. EWING, R.N.

WE can agree in part with the convention edict of the District Mail Advertisers that the greatest thing in the world is thought, that letters are articles for the transfer of thought, and that it pays to use great care in writing letters.

French names the two major essentials in the effort to write better letters as ability and disposition to visualize the person to whom the letter is to be written. The average business letter written by a non-professional does not achieve a successful effect, due to improper attention to the essentials involved in appearance, salutation, diction, appeal, form and psychology. The tendency of modern business correspondence is toward simplicity, and instructions are usually to write in the same direct manner as you talk.

We can hardly conceive of a graduate nurse who would apply to the superintendent of a hospital for a position in the nursing department if such an official were a layman or a doctor. The writer recently saw several letters from nurses representing different schools who had applied directly to the superintendent of the hospital, using the salutation: Dear Sir.

A well known principal recently remarked: "I made a rather clumsy error by judging a young woman by her letter." She further explained the situation by telling of an application from a nurse for the position of night obstetrical supervisor; the letter was discarded and her qualifications ignored

because her application was written in red ink on pink stationery with edges encrusted in gilt. The letter suggested a different type of person from the one required for a position of responsibility and dignity. Later it developed that the nurse was very capable, dignified and conservative. She lost the position because of her incorrect letter.

Naturally, all letters are not indices of the personalities of their writers, but it is well to reiterate that faulty business correspondence means in all cases a loss to the writer and to the recipient. The loss may not be much, but if we bear in mind that when letters leave us they are gone forever, and if our letters show evidence of efficiency we shall surely profit.

Employers invariably rule against the filing of an application before one is aware that a vacancy exists except in cases of consecutive appointments. Usually the combined inquiry-application form is not complete enough to warrant an appointment without further correspondence. A form similar to the following is good form:

123 Main Street,  
Brooklyn, New York,  
December 15, 1923.

Miss Mary Blank,  
City Hospital,  
1026 Broadway,  
Philadelphia, Pa.

My dear Miss Blank:

Miss Mary Smith has informed me that you will have a vacancy in the

position of night superintendent January 10.

If you have not made a definite appointment for the position, I shall make a formal application.

Very truly yours,  
(Miss) Ruth Fields, R.N.

Or such a beginning as: Will you please consider my application for the position of night supervisor? The writer then states in simple outline her qualifications for the position. In any case, find out the name of the Superintendent of Nurses or the executive to whom you are addressing your appeal.

"Dear Superintendent" and "Dear Principal" are replaced with "My dear Miss Smith," or "My dear Madam." The best letter writers are dismissing useless preliminaries in the body of a letter and are discarding participial phrases such as "trusting to hear" and "hoping to have." Avoid the use of "Yours respectfully" and "Yours cordially" in business letters. "Yours very truly" remains the favorite complimentary ending of conservative writers. Jean Wilde Clarke says: "It is extremely bad form to omit the word 'Yours' in either social or business letter endings."

Applications for such positions as superintendent or directress of a hospital, principal of a school of nursing, educational director, assistant directress or social service director, should be typewritten and should be true to a certain form. It is economy to have a public stenographer execute your application in the usual way if other means are not convenient. An employment expert recommends a conventional form for a nurse applying for an executive

position. First, the letter of inquiry, followed by a letter submitting on separate pages in the form of a brief, the following information:

Full name  
Address  
Age  
Nativity  
Religion  
Clubs  
Health  
Educational qualifications  
Schools attended  
Date of graduation  
Social references  
Professional education  
Positions held in the past  
Membership in professional organizations  
Professional references  
Policy governing the administration of future office

The clause concerning policy seems to be a particular asset to the woman who is looking forward to a definite program of reconstruction and change in administration. It is a clause that is as much a condition of one's appointment as is the statement of one's qualifications.

A business man may suggest adding a page of concise exposition of past accomplishments. The application should bear the name, date, address and the position, on the front page. It is a good idea to enclose the application with the letter. Let each form be complete within itself.

Nurses doing executive work and having a moderate amount of correspondence to do will find a brief course in Business English a very interesting and helpful study. There is much that is purely instructive as that of the advertising phase, but the psychological



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foundation of its theories has a practical value.

A student who recently took a course in Business English in a commercial school at the beginning of her course wrote a most unbusinesslike letter, punctuated with numerous dots and dashes. This student said that she had a faint memory of some instruction in writing business letters in high school, but that in college she developed her own style.

Any nurse who has had business training in an efficient organization has a splendid foundation for executive work. The principles of Business Administration are becoming more deeply involved in the conduct of hospitals and training schools; consequently a nurse with some business experience finds it has professional value. The letter has as its objective the personal interview, but the chances of an appointment will be enhanced by a correct approach.

#### SAMPLES OF NEW TYPES OF EXAMINATION QUESTIONS

In each line of five words, four belong to the same class. Cross out the word that does *not* belong to the class with the other four.

1. Mustard, turpentine, alum, capsicum, arnica.
2. Amoeba, b.coli, streptococci, treponema pallidum, staphylococci.
3. Strychnine, morphine, codeine, digitalin, quinine.
4. Marcella, Olympia, St. Francis, Paula, Fabiola.
5. Striated involuntary, skeletal, voluntary, apposition acting.
6. Axone, neurone, dendrite, cell body, end brush.

Indicate the best answer to each question by underscoring one of the three answers given:

1. What is the most important item in a "good bed"? Square corners, Tight bottom sheet. Good appearance when finished.
2. What is the chief beneficial effect of a cold application? Lowered temperature. Sense of comfort and well being. Tonic reaction.
3. What is the most important item in "good ventilation"? A low per cent of CO<sub>2</sub> and high per cent of oxygen. Freedom from odors. The physical condition of the air; i. e., temperature, humidity and motion.

*Analogy.*—In each line underscore the word in parenthesis that is related to the third word as the second word is related to the first.

For example:

1. Strychnine; nux vomica; morphine; (Tr Opii, paragoric, opium).
2. Digitalis; the heart; ergot; (Kidney, smooth muscles, uterus).
3. 4 calories; carbohydrates; 9 calories; (Proteins, fats, energy).
4. Trypsin; pancreatic juice; erepsin; (amylopsin, bile, intestinal juice).
5. B. typhosus; typhoid fever; Welch bacillus; (Tetanus, typhus, Gas gangrene).
6. Visual; eyes; Kinaesthetic; (ears, nose muscles).

#### TOO LATE FOR CLASSIFICATION

**Texas:** THE BOARD OF NURSE EXAMINERS OF THE STATE OF TEXAS will hold an examination April 24, 25, and 26 at Dallas, Waco, Galveston, El Paso, San Antonio and Amarillo.

## WHO'S WHO IN THE NURSING WORLD



XXXIII. MARY L. WYCZE

**BIRTHPLACE:** Granville County, North Carolina. **PARENTAGE:** American. **EARLY EDUCATION:** Governess and country schools. **COLLEGE:** Littleton College, Littleton, N. C. (now Henderson College). **PROFESSIONAL EDUCATION:** Philadelphia General Hospital, class of 1894. **POSITIONS HELD:** Superintendent Nurses, Rex Hospital, Raleigh, N. C., 1894-1897; Superintendent Watts Hospital and Training School, Durham, N. C., 1903-1913; Superintendent Sarah Elizabeth Hospital and Training School, Henderson, N. C., 1915-1916; Nurse in charge of Infirmary, State College for Women, two years. **ACTIVITIES:** Organized

first training school in North Carolina at Rex Hospital, 1894; organized Raleigh Nurses' Association, District No. 6, 1901; helped organize and incorporate State Nurses' Association, 1902; helped secure first law for state registration which was ratified, March 3, 1903. **OFFICES HELD:** President of the State Nurses' Association for the first six years; now Honorary President of the State Nurses' Association; Member first Board of Examiners of Trained Nurses, serving as Secretary-Treasurer for two terms. **PERMANENT ADDRESS:** 330 West Gaston St., Greensboro, N. C.

## EDITORIALS

### DETROIT—THE DYNAMIC

IT isn't the metropolis only of Michigan that is dynamic. The nurses of the state deserve the appellation also. They proved their quality by winning the convention for Detroit in the face of the lively competition of the rollicking, hard working, well organized rooters for St. Paul, who lent so much color to the Seattle Convention. They are proving it again by their forehanded preparation for the meeting in June.

It will be a great convention. It will be great numerically because Detroit is centrally and conveniently located. It will be great because well planned. It will be great by virtue of the quality of the program and of those who will participate. Turn to page 581 of this issue. You will decide that you cannot afford to remain away. Think a little longer and you will decide that some of your students and some of your board members, or members of your training school committee should attend. The worth of such attendance is not readily determined, but the director of one school where this policy has been consistently followed pertinently asks: "Did it just happen that the young women we took to conventions as students have remained with us as graduates?" Having made your decision you will probably be exceedingly busy with the necessary preparation, but it will be well worth it. We urge you to decide to spend the week of June 16 at the Biennial Convention in Detroit—the Dynamic.

### THE LEAGUE MEMBERSHIP DRIVE

SHE died going to nurses' meetings! Such is the epitaph humorously requested by one of our friends who ad-

mits that she is almost as much of a "jiner" as the man who went to a different lodge every night in the week. In the stress and heat of each day's work as it comes, it is sometimes difficult to decide just how best to expend such store of energy and interest as time and strength permit one to devote to professional organizations.

It is well occasionally to go back to fundamentals. The obligation of the younger generations of nurses to the nursing organizations is inestimable and frequently unappreciated. Quite unconsciously we appropriate the results of the labors of others. Few indeed are the nurses who have ever considered their debt to the National League of Nursing Education. Few are the nurses engaged in the education of nurses who appreciate what the League has to offer them. This statement is borne out by the fact that the League, today, after thirty years of productive existence, has only 800 members while it is estimated that some thousands are eligible.

Membership should be trebled at the very least during the present drive. Hundreds of nurses engaged in some phase of the education of nurses should profit by becoming members. They need the stimuli of belonging to the national body and of participating in its activities. The League could then do a better piece of work than is now possible because of the increased interest and because the income from dues would give a sounder financial basis for its ever expanding activities.

It is believed that every one of the 1700 accredited schools in the United States has at least two nurses who are

eligible for membership. It is a good time for the directors of the schools to take a census of the League members within their organizations. Every principal should feel a pride in having a high percentage of League members on her staff. If every League member who reads this editorial would, on putting down her magazine, set to work *at once*, the purpose of the drive would be fulfilled.

#### "AFFILIATIONS WITH PUBLIC HEALTH NURSING ASSOCIATIONS"

"**B**ASIC nursing course,"—"basic hospital training,"—are these two frequently used expressions really synonymous? Can the hospital in most places provide within its walls everything necessary to give the student nurse a basic nursing education? Can it give her through class room instruction, in *hospital wards* and *hospital clinics* "that minimum of social interpretation and instruction in the social aspects and prevention of sickness which is indispensable in the modern treatment of disease"?<sup>1</sup>

While we appreciate that much can be done—much more than ever has been done—in hospital wards and clinics along this line, at the same time we wonder if perhaps there may not be a sounder and more permanently vivid way to bring this necessary knowledge and these desirable appreciations to the student nurse.

It is in connection with community nursing services that the social aspects of disease are met at first hand and opportunities for the prevention of sick-

ness are available. It is in the community rather than in hospital clinics that the well child or the fairly well child, the pre-natal case, the incipient and convalescent tuberculosis case is found. For the present, at least, in most places the most fundamental and successful nursing work being done in connection with these types of cases is that developed by community public health nursing associations.

No pediatric training for nurses is complete which does not include some knowledge of the well child and the nursing measures that have proved successful in keeping the child well in the home. No obstetrical training is complete which does not provide experience in the care, supervision, and education of the maternity case in the home, during the pre-natal, delivery, and post-natal periods. Only a small portion of the nursing of a case of tuberculosis is learned through experience in hospital wards or even in a sanatorium.

From somewhat incomplete data in the office of the National Organization for Public Health Nursing, we learn that in 1922-1923 about 518 pupil nurses from 120 hospitals were sent to 51 public health nursing organizations for affiliations of from one to four months periods. About 55 per cent of this group had two months' experience; 6 per cent, six weeks; 15 per cent, one month; and 15 per cent, four months.

The special aims in these affiliations were varied and in most cases indefinite. The programs themselves were little standardized except the four months' periods which in several instances were provided where the nine months' post-graduate public health nursing courses are being given.

<sup>1</sup> *Nursing and Nursing Education in the United States*, Goldmark, page 379.



A round table discussion on this subject of affiliations with public health associations and the basic nursing education is being planned for the Detroit Convention. It is to be hoped that this discussion will lead to a clarification of aims, to an idea of the standards of work which should be maintained, and to an awakened appreciation of the possible value of such affiliations to the nursing school. At the same time there must be an increased appreciation on the part of the public health nursing associations of their responsibilities in an educational project,—to provide adequate qualified supervision, correlated technical instruction, and to maintain a generally high standard of work.

Probably comparatively few organizations at the present time are equipped to provide such educational experience, and equally few schools are ready to arrange an affiliation. Where the work has already been started, every effort should be made to make this experience of maximum value,—to make a genuine contribution to the fundamental education of the nurse.

GERTRUDE E. HODGMAN, R.N.,  
*Educational Secretary,*  
N. O. P. H. N.

A LIVE ASSOCIATION

THE First District of the Illinois State Association had a real plan in mind when Minnie H. Ahrens was made Executive Secretary of the Association. Miss Ahrens has the habit of success. It needs no seer to predict that the soundly constructive plan will work when directed by that dynamic personality. As outlined by Nellie M. Crissy,

President of the Association, in the February *Bulletin*, the program includes both professional and social activities. It involves reaching every eligible nurse in the District with a personal invitation to become a member. A wide extension of registry service is contemplated. The educational program, already under way, is to be pushed by making available to nurses a series of valuable courses in Psychology and Effective Public Speaking.

Two new projects appeal to us particularly. Senior student nurses within the District are to be offered Associate Memberships in the Nurses' Club at a very nominal fee.

These memberships are valid during the period of the Senior year and will give many young women living away from home the advantage of a conveniently located, well appointed club, and an opportunity for early association with their professional group.

Best of all, the new program includes

the study of the much discussed question of nursing care for people of moderate means. The Directors believe that this is a study which we, as nurses, should initiate and bring before other groups, that the best judgment of the community may be brought to bear upon its solution.

If the First District of Illinois can point the way to a solution of this problem, it will do a service of inestimable value not only to its own community, but to the country at large.

HEART DISEASE

HEART disease causes more deaths than does tuberculosis. It also causes more deaths than cancer, but we hear vastly more about both tuberculosis and cancer. Competent authorities tell

us that 2,000,000 persons in the United States, or 2 per cent of the population, suffer from serious heart disease. Such figures represent an amount of individual suffering and handicap that staggers the imagination.

The economic loss is enormous. Consider the figures for only one city hospital where 781 patients suffering from the advanced stage of heart disease were treated last year; 13,277 days of hospital care were given at a cost of over \$50,000 and the loss of wages, even though figured as low as \$2 a day, brought the total estimated loss over \$75,000.

Nurses can contribute much to the movement to reduce the incidence of heart disease, but they must first more fully inform themselves of the menace to the heart of diseased teeth, tonsils and other organs, of "infectious diseases, such as rheumatism and syphilis," and of "intoxicants and poisons, such as alcohol and tobacco." Knowledge of the part played by these and other agencies in producing heart disease will tend to raise the standard of nursing in all forms of infectious disease. They can encourage frequent physical examinations. They can cooperate with medical and health agencies in developing the organizations and facilities necessary for coordinated effort in caring for people with damaged hearts. The figures quoted should rouse a sympathetic and actively intelligent interest in the whole problem of the care of cardiacs.

#### AN IMPORTANT BULLETIN

"UNTO us a child is born"! Such is the feeling of the officers of the International Council of Nurses, for the thirty-page bulletin of the Council has just seen the light of day. Says the President, Baroness Sophie Mannerheim of Finland:

With its hands, now so tiny, it will know how to draw you together. Its voice will tell the Southern nurse what it has learned from the nurse of the West, and the problems of the North, voiced by it, might perhaps call forth a solution born in Eastern brains.

The Council, aided by the bulletin, will go even farther than it has yet done toward making the whole world of nurses kin. The first number indicates the desire of the Secretary, Christiane Reimann, of Denmark, to secure sound material and balanced interest. Reports are included from Poland, Bulgaria, Turkey, Roumania, the convention of the Northern Countries of Europe, Germany during the year 1923, and news items from Greece, Austria, France, Belgium and England. Later issues will range still farther afield for material.

Most fittingly, a letter from Miss Nightingale to the nurses of St. Thomas Hospital, beginning "Now once more 'God Speed to You All!'" is included. The bulletin thus tacitly reminds us that Nightingale nurses, wherever they may be, form a great sisterhood working happily and hopefully for a healthier and a better world.

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"The quality which creates good subordinates is a quality mainly of the heart."

Charnwood—*Life of Roosevelt.*

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## DEPARTMENT OF NURSING EDUCATION

LAURA R. LOGAN, R.N., DEPARTMENT EDITOR

### PRACTICAL OBJECTIVES IN NURSING EDUCATION

BY ISABEL M. STEWART, R.N.

*Chairman, Committee on Education of the League of Nursing Education*

**W**HAT the Outline Is For.—In all branches of education people are beginning to question traditional courses of study and to demand that we get back to the concrete practical things for which the system of education is designed to prepare and that we build up our courses of study on this foundation. Such an inventory seems to be particularly needed in nursing education since there is ample evidence that many people are confused and uncertain about the kinds of duties and responsibilities which the nurse of today is expected to undertake. Until we can arrive at some clear understanding on these fundamentals, we are not prepared to say whether any course of study for nurses is adequate or inadequate, good or bad.

Another reason for a clear and definite statement of our practical objectives is that we all may understand exactly what we are committed to when we undertake the education of student nurses. This would seem to be almost as important for the trustees, officers and medical staff of the hospital which conducts a nursing school, as for the nursing staff which is more directly responsible for the management of the school and for the teaching and supervision of the student nurses. Whatever the main objectives agreed upon, they should be clearly and definitely stated and the work of the school should be periodically checked up to see how far they

are being realized. It would seem to be desirable, moreover, that student nurses themselves should know what is expected of them so that they may focus their energies on specific accomplishments and be able to estimate their own progress toward the goal in view.

The outline of objectives which follows is a tentative one and is submitted as a basis for criticism and discussion. It is hoped that members and local branches of the National League of Nursing Education will make a special point of discussing the outline and reporting their suggestions. The Education Committee is also anxious to have the criticism of private nurses, public health nurses, institutional nurses and those in other fields. Medical men and women are invited to express their opinions, as well as trustees and managers of hospitals. It would be helpful also to have the opinion of thoughtful patients and of public spirited citizens who are interested in nursing education. The only request is that the criticisms be specific, that they relate to definite parts of the outline and that they state the grounds on which changes are suggested.<sup>1</sup>

#### PRELIMINARY SPECIFICATIONS AND DEFINITIONS

1. The main object of the nurse's work is to help to bring a fuller, happier

<sup>1</sup> Replies should be sent to Miss I. M. Stewart, 525 West 120 Street, New York City.

and more useful life to all, through the active promotion of health and through prevention of disease and suffering.

2. The nurse's service is both a *personal* and a *community* service. Her duties and responsibilities may be roughly grouped according as they relate to (a) the *patient*, (b) the *hospital* and *school of nursing*, (c) the *physician* and the *medical profession*, (d) the *household* and *friends of the patient*, (e) the *community* with its *social* and *health agencies*, (f) the *nursing profession*, (g) the *nurse herself*.

3. The content of nursing education must be based on the *actual duties* and *responsibilities* which the average nurse is expected to carry at the *present time* in the practice of her profession.

4. Duties and responsibilities listed in this outline are intended to be basic—that is, *common to the rank and file of student and graduate nurses and not peculiar to any special field or any section of the country*.

5. All students in nursing schools would be expected (a) to learn *how to perform these services*, outlined below, *in such a way as to get the best results*, (b) to know the *principles underlying such procedures* and to be able to make *necessary adjustments to varying conditions and types of patients*, (c) to reach a *fairly high degree of expertness in all these procedures* (with the exception probably of the more unusual ones where practice is difficult to secure), (d) to have enough foundation in knowledge and skill *to serve as a basis for future growth and for possible specialization*.

6. Nurses would be expected to care for the *widest variety of human beings*, (a) in all *conditions of health and dis-*

*ease* from the normal to the seriously ill, (b) through *all stages of disease*, incipient, acute, chronic, or convalescent, (c) suffering from all the *more common diseases* classified under:

1. Medicine (including communicable, skin and nervous diseases)
2. Surgery (including gynecology and orthopedics)
3. Obstetrics
4. Pediatrics
5. Special, such as eye, ear, nose and throat

(d) including *both sexes, at all ages* from premature infancy to advanced age, (e) including those in *all social groups*, without regard for *race, color, education, social status or economic status*, (f) including many *abnormal social and psychological types*.

7. Nurses must be prepared to work in *all kinds of places* and under practically *all kinds of conditions*, (a) in hospitals, hotels, homes, tenements, factories, schools, camps, etc., (b) in city or rural districts (often isolated), (c) in all sections of their own country and sometimes in other countries, (d) under normal or emergency conditions, such as war, epidemics, etc.

#### SPECIFIC DUTIES AND RESPONSIBILITIES

##### A. *What the nurse does for the patient.*

1. Secures best possible environment—safe, sanitary, comfortable, convenient, attractive, quiet, etc.
2. Keeps surroundings in best possible condition for patient's recovery. This means good housekeeping, including the cleaning (or supervision of cleaning) of floors, walls, furnishings, etc., daily attention



- to order, comfort, beauty, etc., ventilation, heating and lighting, disposal of wastes, garbage, etc., and destruction of vermin.
3. Secures and cares for necessary supplies, tools and equipment, including linen, clothing, dressings, drugs, instruments, rubber goods, etc.
  4. Keeps up constant guard against infection from all sources and uses every precaution in handling patients' linen, utensils, excretions, etc. This includes the preparation and use of many varieties of disinfectants, methods of sterilization by heat, steam, etc., and the mastery of aseptic technic.
  5. Protects from other possible dangers and hazards—injury, by self or others, fire, exposure, falls, damp, draughts, drug habits, poison, etc. This includes proper use of safety measures and restraint.
  6. Safeguards patient's possessions and protects his interests and welfare—includes care of clothing and valuables, economy in expenditures, etc.
  7. Provides for and assists in transportation and handling—includes lifting, moving, carrying, etc., (may mean fairly extensive travel or emergency transportation in accidents).
  8. Attends to physical needs and keeps patient clean and comfortable—includes bed making, bathing, care of mouth, hair, etc., dressing and undressing, excretions, change of position, prevention of bed-sores, simple rubbing, etc., (special skill required in care of such types as delirious or unconscious patients, premature babies, helpless chronics, etc.).
  9. Helps to build energy and resistance by providing as far as possible for rest, sleep, proper food, proper exercise, recreation, entertainment, variety, etc.
  10. Helps to conserve patient's strength by relieving pain, by imparting confidence and sense of security and by guarding against physical or nervous tension or over-exertion, shocks or excitement, friction, worry, suspense, etc.
  11. Affords therapeutic suggestion, companionship, sympathy, encouragement, moral support, mental stimulus, etc., and if necessary discipline and control. (This includes habit training for certain types of cases).
  12. Keeps watch on patient's condition, secures services or advice of physician when necessary and keeps friends informed.
  13. Prepares for and administers therapeutic treatments prescribed
    - (a) Local hot and cold applications, counter irritants, etc.
    - (b) Baths and packs—hot, cold, medicated, light baths, etc.
    - (c) Enemata and irrigations

- enteroclysis, proctoclysis, nutritive enema, etc.
- (d) Lavage, gavage, nasal feeding.
  - (e) Eye, ear, nose and throat irrigations, inhalations, etc.
  - (f) Vaginal douche, catheterization, instillation, bladder irrigation, etc.
  - (g) Preparation of patient for surgical operation and after care.
  - (h) Application of surgical dressings, handling of drainage, irrigations, etc.
  - (i) Application of bandages and binders, all types. Attention to surgical apparatus, frames and extensions.
  - (j) Prepares and administers normal diet, infant formulae, special diets for all types of disease. (This includes the evaluation of nutritive elements in foods, preparation of balanced menus, calculation of caloric feedings, etc.).
  - (k) Medication—all types, by mouth, hypodermic, inhalation, etc. This includes administration of an anaesthetic in emergencies.
  - (l) Common exercises and occupations—elements of massage and corrective gymnastics.
- 14. Prepares for therapeutic and diagnostic measures administered by physician and assists in
    - (a) Major and minor surgical operations and surgical dressings, (all types).
    - (b) Aspiration, exploration, lumbar puncture, intrauterine douche.
    - (c) Hypodermoclysis, intravenous, infusion, transfusion, etc.
    - (d) Administration of vaccines, sera, antitoxin, salvarsan, etc.
    - (e) Cystoscopic examination, x-ray, radium, etc.
  - 15. Meets medical and surgical emergencies which arise in absence of physician—burns, fractures, sprains, hemorrhage, shock, convulsions, epilepsy, poison, asphyxia, emergency child birth, etc.
  - 16. Cares for and supports dying patient—attends to necessary details after death.
  - 17. Plans and manages daily schedule of care for single patient or group of patients. This may involve some direction and supervision of assistants, coöperation with hospital or household departments and meeting of domestic and other emergencies.
  - 18. Teaches and helps patients who do not know how to care for themselves and their families, to protect themselves from disease and to improve

their physical and mental health.

(Special attention paid to child hygiene, pre-natal care, prevention of tuberculosis, etc.)

*B. What the nurse does for the physician.*

1. Prepares for examination of the patient and if necessary assists—placing patient in position for examination, handling instruments, taking notes, etc.
2. Observes symptoms and keeps clear and detailed records of temperature, pulse, respiration, excretions, sleep, appetite, mental condition, etc. (This covers many kinds of charts, records, and reports.)
3. Keeps physician informed of patient's condition and notifies him at once about unusual or disturbing symptoms which seem to require his attention.
4. Secures proper specimens of sputum, urine, etc., on which physician depends for diagnosis and treatment. Makes some of the more common urine tests.
5. Carries out orders for treatments and observes results. Notifies physician of undesirable results and where orders are conditional, modifies treatments, diet, medication, etc., according to patient's condition.
6. Coöperates actively in securing results physician is working for and in emergencies acts in accordance with physician's

practice as far as it is possible to know it.

7. Assists by suggestions based on her own observation of patient and her previous experience. (This depends somewhat on the attitude of the physician.)
8. Coöperates in carrying out scientific experiments, arranging details, watching and recording results, etc.
9. Helps to maintain good relations between patients and physicians and between members of the medical and nursing profession. Helps to create and maintain public confidence in scientific medicine and to discourage every form of quackery.

*C. What she does for the hospital and school of nursing.*

(Applies to any nurse working in a hospital whether its graduate or not.)

1. Makes herself familiar with the institution, its organization, departments, activities, etc., and makes all necessary contacts readily.
2. Adjusts herself to all reasonable requirements of the hospital and school, fits into their organization and activities and learns their customs and traditions.
3. Carries out the routine regulations of the hospital regarding admission and discharge of patients, orders, records, precautions, supplies, etc.
4. Contributes to the efficiency of the hospital by giving good

nursing service to the hospital's patients as outlined under A, and if possible by working out new and practical ideas for improving nursing and hospital system.

5. Coöperates with other nurses, with the officers, physicians, etc., in the team work of the hospital and nursing school.
6. Carries responsibility, plans and manages her own work and when necessary gives direction and supervision to those with less experience. (This involves at least the management of an ordinary ward or department at night or for brief periods in the day.)
7. Economizes the resources of the hospital, cares for supplies and equipment, attends to repairs, prevents losses, saves time, avoids legal complications, etc.
8. Protects and advances the reputation of the school and hospital.
9. Contributes to the morale and the social life of the school and hospital.

*D. What she does for the household and friends of the patient.*

1. Relieves them as far as possible from strain, worry and responsibility incident to illness.
2. Teaches them how to carry out simple nursing and sanitary measures in the absence of the nurse.
3. Protects household furnishings and equipment, and coöperates with members and staff of

household in saving extra work and expense.

4. Protects household and visitors from infection or other dangers to health.
5. Detects signs of disease or physical defects in members of household or habits and conditions leading to disease. Helps to prevent through simple teaching and hygienic measures. Sees that conditions needing medical attention are referred to proper medical authority.
6. Coöperates with other nurses, social workers, etc., who may be working with patient and family.
7. Helps to raise the general standard of living in homes below the normal standard and uses all ordinary educational, health and social agencies to assist in this.

*E. What she does for the community and its social and health agencies.*

(Most of this applies to the larger community of state and nation as well as to the local community.)

1. Makes herself familiar with the fundamental health needs and with the representative social and health organizations in the community. Knows more important Board of Health regulations and helps in enforcement.
2. Helps to protect the community from infection and other dangers to health and to encourage rational methods of medical and nursing treatment.



3. Helps to teach the community how to prevent disease and how to improve health and general standards of living. (This teaching may be very informal or in form of simple talks, articles, etc.)
  4. Coöperates actively with health and social agencies in the promotion of better conditions.
  5. Makes her service available when possible in time of special emergency,—epidemics, accidents, fires, floods, wars, etc.
- F. *What she does for the nursing profession.*
1. Protects its standards and its good name.
  2. Advances its usefulness, particularly through her own branch of nursing.
  3. Coöperates in professional activities, organizations, conferences, magazines, registration movements, etc., and leads in such activities as she has special aptitude for.
  4. Contributes to its fund of knowledge through new ideas, new methods, new devices, etc., and results of personal experience, study and experimentation.
  5. Assists members who are ill or unfortunate.
  6. Contributes to the social life of the group and to its morale.
  7. Promotes educational enterprises and supports them in every possible way.
- G. *What she does for herself.*
1. Keeps herself in good physical condition through proper habits, exercise, recreation, diet, etc., and keeps herself personally wholesome, attractive, and well poised.
  2. Strengthens and increases her preparation for her professional work through study and experience, better training of her powers, wider utilization of opportunities, etc.
  3. Provides for economic security and independence by business-like habits and methods, by proper provision for sickness and old age, etc.
  4. Provides for wider cultivation and enrichment of her own personal life and character through her work, her social life, her recreation, religious life, etc.

#### WHAT THIS MEANS FOR NURSING EDUCATION

If the foregoing gives even an approximate estimate of the actual functions of the nurse today, it is evident that we have no simple problem to consider in selecting the right kind of women for the job, and in giving them the right kind of preparation.

The first thing that strikes us is the *wide range* and *variety* of this work. Modern nursing seems to be a composite of certain elements in many vocations, home economies, teaching, social work, sanitary science, medicine, and management, and yet there is much in it that is distinct and peculiar to the nursing art itself. On the *technical* and *scientific* side it demands skill of a rather high degree, in a wide variety of procedures which are often of a delicate and complicated nature, depending on quick

intelligence and an understanding of scientific principles and methods. On the *human* side it requires adjustments to the widest variety of human beings, many of whom are difficult to deal with on account of physical or mental disease. Probably no profession makes larger demands on its members in the way of practical psychological skill and none gives a better opportunity for studying human nature.

On the side of *organization and management* much is expected of the nurse

even if we consider only the daily domestic and nursing affairs of the hospital ward. But many fields of nursing today present management problems of much wider scope, especially those connected with institutions and associations doing community health work. If we add to these the *social, preventive* and *teaching* functions which are now assumed to be a part of all forms of nursing we have surely a job that calls for a first-class, all-round woman with a sound all-round kind of training.

#### CALENDARS PAST AND PRESENT

For the information of teachers in schools of nursing (especially those who are concerned with the teaching of the History of Nursing), for individual nurses and for all others who may be interested, the National League of Nursing Education announces that the Florence Nightingale Calendar of 1921, and the historical series of Calendars beginning with the year 1922 are still obtainable.

The 1921 Calendar commemorating the Centennial of Florence Nightingale is composed entirely of excerpts, selected from her writings; the historical series present each the photographs and brief sketches of twelve nurses who have made notable contributions to the Nursing Field.

These Calendars have a distinct value, both for class room use and as part of any library collection of Nursing literature. The contents of the 1922 and 1923 Calendars have been published in booklet form and are 35 cents each; the 1921 Calendar is 75 cents and the 1924 one dollar; the complete set \$2.45. Send orders to National League of Nursing Education, 370 Seventh Ave., New York.

#### DISTRIBUTION OF THE 1924 CALENDAR

Published by the National League of Nursing Education

Requests have been received from various states as to the number of 1924 Calendars distributed in their respective territories. Listed below are the sales to January 28.

Alabama	20	Minnesota	279	Utah	0
Arizona	1	Mississippi	5	Vermont	2
Arkansas	1	Missouri	267	Virginia	83
California	251	Montana	5	Washington	26
Colorado	9	Nebraska	13	West Virginia	23
Connecticut	301	Nevada	0	Wisconsin	157
Delaware	16	New Hampshire	6	Wyoming	2
District of Columbia	277	New Jersey	202	Canada	4
Florida	69	New Mexico	5	England	3
Georgia	77	New York	1255	France	1
Idaho	11	North Carolina	45	Brazil	3
Illinois	332	North Dakota	13	China	2
Indiana	113	Ohio	716	Holland	5
Iowa	113	Oklahoma	131	Manila, Philippines	1
Kansas	153	Oregon	14	Dominican Republic	3
Kentucky	8	Pennsylvania	619	Honolulu	3
Louisiana	66	Rhode Island	170	Bulgaria	4
Maine	20	South Carolina	6	Constantinople	2
Maryland	105	South Dakota	11	Porto Rico	1
Massachusetts	325	Tennessee	12	Finland	1
Michigan	228	Texas	20	Virgin Island	1

NOTES FROM HEADQUARTERS OF THE NATIONAL LEAGUE OF  
NURSING EDUCATION

(Continued from March)

THESE ARE FACTS

THAT strength lies in organization;

THAT organization makes for progress;

THAT the progress of a Nation is indisputably bound up in the health of its people.

YOU KNOW

THAT the National League of Nursing Education is the organized movement for sound National Nursing Education making for National Health;

THAT to this end the single biggest project launched by the National League of Nursing Education is the establishment of League Headquarters;

THAT through the League Headquarters, League resources and services are made freely accessible to

Every Nursing School Candidate

Every Student Nurse

Every Graduate Nurse

Every School of Nursing

And all others interested.

DO YOU KNOW

THAT the work carried on at these headquarters now occupies the full time of four persons;

THAT to satisfactorily meet the rapidly growing demands, a larger staff both technical and stenographic is already indicated;

THAT the National League of Nursing Education depends largely for financial support on the income derived from membership dues;

THAT THERE ARE 1700 SCHOOLS OF NURSING IN THE UNITED STATES AND

THAT WITH AN AVERAGE OF TWO ELIGIBLE CANDIDATES PER SCHOOL THERE ARE 3400 POTENTIAL NATIONAL LEAGUE MEMBERS;

THAT AT THE PRESENT TIME THE NATIONAL LEAGUE OF NURSING EDUCATION HAS LESS THAN 800 MEMBERS?

ARE YOU

A Nurse Superintendent of a Hospital;

A Principal of a School of Nursing;

An Assistant in a School of Nursing;

A Teacher in a School of Nursing;

A Supervisor in a School of Nursing and Hospital;

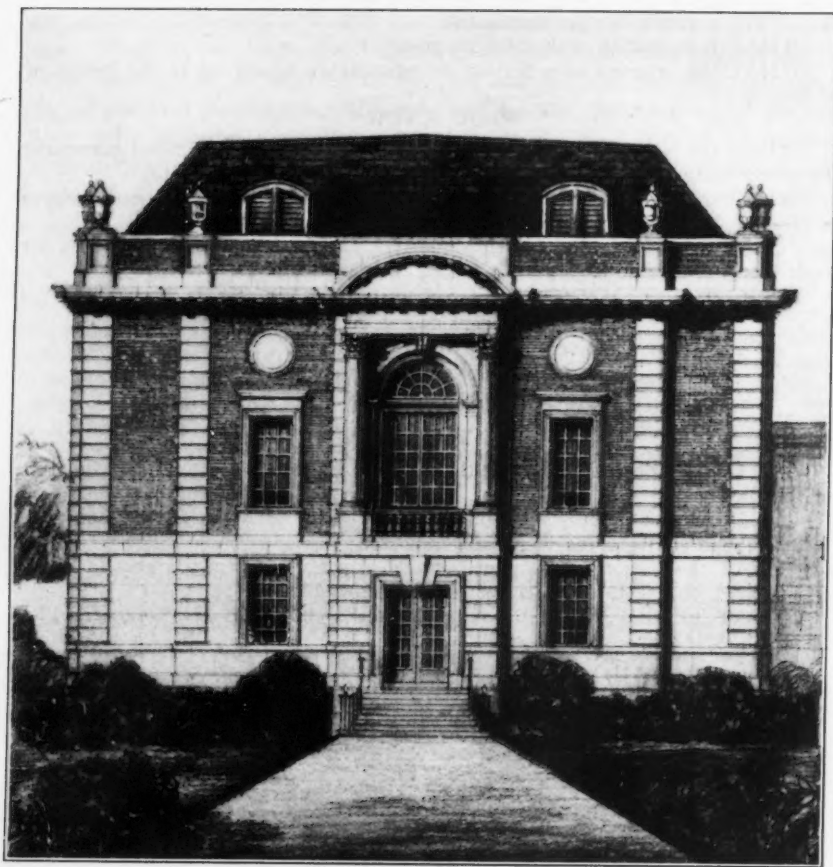
A Head Nurse in a School of Nursing and Hospital;

A Head Worker in social, educational or preventive nursing?

IF SO, you are eligible to Membership in the National League of Nursing Education, providing you meet the professional requirements.

ARE YOU A MEMBER?

*Application blanks may be secured from Headquarters, National League of Nursing Education, 370 Seventh Avenue, New York City. Annual dues \$5.00.*



EDUCATIONAL BUILDING  
HENRY FORD HOSPITAL SCHOOL OF NURSING AND HYGIENE, DETROIT



## DEPARTMENT OF RED CROSS NURSING

CLARA D. NOYES, R.N., DEPARTMENT EDITOR

*Director, Nursing Service, American Red Cross*

### TRIBUTES TO RED CROSS NURSES IN THE NEAR EAST

IT is gratifying to know that the work of American Red Cross nurses in the Near East has won public compliment on more than one occasion recently. They have indeed shown the true spirit of nursing as well as the spirit of the Red Cross. They were responsible for the removal of 20,000 children from the interior of Turkey across 500 miles of territory through desert and over mountain to Syria and Greece. Dr. Mabel Elliott, Medical Director of the Near East Relief, who has just returned to America after four years in Europe and Asia Minor, said at a dinner given in her honor in Wilkes Barre, Pennsylvania:

The survival of the refugee Christian children of Turkey and Armenia is in large part due to the heroism of American Red Cross nurses, several of whom have given their lives to this work.

She mentioned especially two Red Cross nurses, Katherine MacFarland and Laura MacFetridge. The latter is now directing head of the largest orphanage in the world. In its 300 barrack buildings at Alexandropol on the slopes of historic Mount Ararat, it houses more than 20,000 children.

Katherine MacFarland, who is now in Athens, is organizing with the assistance of several other Red Cross nurses who are all much interested in the venture, what is hoped will eventually become a permanent School of Nursing. It started in December with thirty-five

Armenian girls from the orphanage located there and it has a large number of applicants from among the girls mostly educated at the American school. The classes are given in Armenian with the aid of an Armenian interpreter. They are taught Greek as well as English. To the pride of these Armenian student nurses, several of their examination papers were recently sent Miss Noyes and though it was only the second written examination any of them had ever had in school or elsewhere—in a foreign language, too—they were most creditable, neat, well spelt, well expressed, and with the facts marshalled in good order. According to the first plan of work received, Miss MacFarland herself was teaching Anatomy and Physiology and Children's Diseases; Mabel Clarke, Medical Nursing and Ward Management; Agnes Evon, Surgical Nursing and Bandaging; Christine M. Nuno, Obstetrical Nursing and the Practical Nursing Procedures; and Christine McLean was to give six lessons on Care of the Eyes.

Dr. Mabel Elliott, in another address pays a wonderful tribute to Armenian student nurses such as those who are now being trained in Athens—the very ones who had earlier seemed such crude childish material to turn into fully fledged responsible nurses. It happened at Ismid where there were about 7,000 Armenian refugees, when the Turks began their advance against the Greeks which ended in the burning of Smyrna. The Near East Relief Hospital with

three Red Cross nurses and a staff of Armenian student nurses was in the front lines. Not an Armenian girl but had lived through massacre and had seen some member or other of her family killed. They had no cause to love the Turks. Dr. Elliott said:

Hospital discipline inevitably goes to pieces in these situations. When bullets are breaking hospital windows, formality vanishes; the whole strain falls upon the nurses' spirit of service. The wards looked like chaos, but the girls were working; lifting the patients on their mattresses from the beds to the floor, taking down bedsteads to make more room, and barricading the windows with the sandbags which porters—stepping over the patients—were lugging in. In the confusion one of the Armenian girls came to me. "Doctor Madam," she said, "there is a knocking at the back door. A man is calling in Turkish, saying he is wounded. What shall we do?"

It was a Turk shot through the chest and thigh. I felt the Armenian nurse leaning over us and looked up to give an order, but she was running up the stairs. I let her go and sent for one of the Americans. Before my message reached her, the Armenian girl was back with another; they were bringing the stretcher. \* \* \* That night \* \* \* I saw that we had been laying deeper foundations than we had suspected. \* \* \* These young Armenian students who never could keep their uniforms properly buttoned or their caps straight, who could forget orders and could not be taught any glimmering of the importance of time, were proving themselves, after all, *nurses*. Outside the Turks were killing their people and their people were killing the Turks, but within both alike were patients. All that night we took wounded Turks in through the back door and wounded Armenians in through the front door. And the Armenian girls worked without one moment's pause, taking care of them both.

Another aspect of work in the Near East is indicated by Alice G. Carr of Syra, Greece, whose letter was among the many replies from all over the world received by Miss Noyes in response to

her Christmas letter to Red Cross nurses—

the carrier of a message that is very dear to all of us in the field, for wherever we are or whatever we do, we cannot forget for a single moment the organization which has made us and fostered us through all our wanderings and work in many lands.

Miss Carr is in charge of a hospital in the island of Syra, the most important port of call in the Cyclades Group. She tells us that it is small, about the size of a township, typically a Greek land with barren rocky mountains and a mild and pleasant climate. She says:

Our house looks out over the blue Aegean Sea. My new hospital which I have just about finished equipping and regulating is also beautifully situated. It has a hundred beds; large clinics where hundreds of children are treated every day; a nice operating room and baths. \* \* \* At present there are two thousand children here. Later there will probably be five thousand. I have two native doctors and thirteen native nurses. \* \* \* the latter not highly trained, but very faithful and trustworthy. I have also twenty orphan girls who are working here and who are being trained in as far as they are able to take in the teaching.

Christine M. Nuno, who was assigned to the American Red Cross Commission to Greece in the autumn of 1922 and upon the withdrawal of the Commission in the summer of 1923 remained and became the "Supervising Nurse" for the Near East Relief, has been appointed Director of Nursing for Greece. A similar position for the Caucasus has been created. Mrs. Florence Uhls, referred through the American Red Cross, has been appointed Director of Nursing for the Caucasus. Mrs. Uhls has been with the Near East Relief for several years. Her husband, Dr. Uhls, is one of its medical directors.

## Red Cross

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### SPANISH SPEAKING NURSES NEEDED

Interest in nursing seems to be increasing in Latin-American countries, and requests for qualified Spanish-speaking nurses as Directors of Schools of Nursing and as organizers of Public Health Nursing are being received at National Headquarters of the American Red Cross. As this field seems to be developing, nurses who speak Spanish are encouraged to send their names and addresses to the National Director of the Nursing Service at American Red Cross Headquarters, Washington, D. C. Nurses who are interested in pioneer work of this nature may feel encouraged to study Spanish.

### FRENCH MEDALS FOR NURSES

The French Embassy has notified National Headquarters that the insignia of the *Medaille d'Honneur des Epidemies*, which was awarded to certain American Red Cross nurses who served in the Army Zone in France during the war, have been received in Washington and sent to the War Department, which will have charge of delivering the medal to each nurse entitled to it. In case, however, nurses do not hear from the War Department it might be well for them to follow this up themselves.

Red Cross nurses are also entitled to the French Victory Medal, if they were attached to French hospitals or ambulance units in the Army Zone for not less than *eighteen months* prior to November 11, 1918, and the award of this medal gives them as well the right to the French Commemorative Medal. In addition, the latter is given to Red Cross nurses who served in the Army Zone, or in the French interior with a regular hospital, for not less than *six*

*months* before the signing of the Armistice. The French Victory Medal has exactly the same ribbon as the American Victory Medal, but differs in composition. The French Commemorative Medal has red and white striped ribbon and, when worn by volunteers, has a special clasp across the ribbon reading *Volontaire*. Red Cross nurses fulfilling these conditions may make application through the Nursing Service of the Red Cross or—on plain stationery, giving a brief outline of services—directly to General Dumont, at the French Embassy, 1501 18th Street, Washington, D. C., taking care to ask to have the words "American Red Cross Nurse" incorporated in the certificate. Neither of these medals is a gift to the individual to whom it is awarded; it must be purchased.

### DELANO NURSE FOR IDAHO

The fifth Delano Red Cross nurse has just been appointed. In this instance, Janet Worden, who was formerly public health nurse of Clarke County, Washington, goes to Valley, Lemhi and Custer, central counties of Idaho. This area of 13,038 square miles is populated by but 11,238 inhabitants, has only four doctors and, so far as is known, no nurses. Her territory includes scenery of marvellous grandeur such as great canyons dropping 5,000 feet sheer to the Salmon River, only navigable by the shallow-bottomed scows. During the summer it is called The Sportsman's Paradise. Sawtooth Mountains, rearing the lofty, jagged peaks of its ranges into an altitude which crowns them with perpetual snow, is the southern boundary of Custer County and cuts Valley County in two parts. But this grandeur,

as Red Cross nurses well know, means isolated communities, forest rangers, cattle men, sheep herders,—prospective patients—scattered over a wide area.

Janet Worden is a graduate of the old Blockley Hospital, now the Philadelphia General Hospital. She spent seven years of her public health nursing career in New York City. Assigned to the Army Nurse Corps as reserve nurse, Miss Worden was sent to France with the American Expeditionary Force in 1917 and was detached in April, 1919, with a high grade.

#### SUMMER INSTITUTES FOR INSTRUCTORS IN HOME HYGIENE

It is now definitely arranged that Colorado Agricultural College, Fort Collins, Colo., will have a summer course for Instructors in Home Hygiene and Care of the Sick similar to those at Simmons College, Boston, Mass., and Pennsylvania State College, announced last month. Choice has fallen on these three widely different but equally interesting localities because they are so situated that nurses from every section of the country can go to one or other, combining there postgraduate work with a happy vacation.

Fort Collins is the gateway to Estes

Park, where lofty mountains and tree-fringed lakes mirroring their lovely margins are wonderful in June and July, and during the period June 23-July 29 over which the course is spread, several week-end trips, many hikes and picnics are planned in these surroundings. The beautiful Alleghanies offer similar opportunities and such attractions figure also on the recreational program at Pennsylvania State College high up amid the mountains, where the course will be held from July 5 to August 15. And New England affords historic interest, salt water swimming, as well as the loveliness of its countryside for those who elect to take the course at Simmons College, Boston, from July 17 to August 15.

The two required subjects will be Principles and Methods of Teaching and Practical Presentation of Home Hygiene. A limited number of Red Cross scholarships will be available and special consideration will be given to those nurses who have an unusual distance to travel.

Marion Doane, Supervisor of the School for Native Nurses, Haiti, recently spent a few days' leave in this country and visited National Headquarters.

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Baby shows and emphasis on the opportunities of nursing continue to be the outstanding items in the development of programs for National Hospital Day, according to announcements from various hospitals throughout the United States and Canada which are being received by the National Hospital Day Committee, Matthew O. Foley, Executive Secretary, 537 South Dearborn Street, Chicago, from institutions planning for the observance of this day May 12. In practically every program of which information has been received, the hospital plans to distribute printed literature telling of its work during the past year, stressing the amount of free and part pay service the hospital has rendered the community. Another interesting feature of the plans for the fourth annual National Hospital Day is the growing number of hospitals which are distributing souvenirs such as buttons, flowers, baby booklets, etc.

The National Hospital Day Committee will be glad to send suggestions for publicity and programs to all hospital and nursing administrators interested.

## DEPARTMENT OF PUBLIC HEALTH NURSING

EDNA L. FOLEY, R.N., DEPARTMENT EDITOR

### DRAMATICS

**D**URING the past few years, local talent in various parts of the country, the Child Health organizations, and the Health Crusaders of the National Tuberculosis Association, have stimulated a revival in tableaux, small plays and Health Fairies that has served a double purpose. The children and others taking part have become interested in the work, or in health, for their own sakes and its own sake and at the same time, each amateur actor has been doing his best to get his part of a big message of service to the community as well as health for the individual, over to his audience. Audiences are usually made up of human beings and most of them like the project method of teaching.

Several years ago, when President of the Visiting Nurse Association of Chicago, Mrs. Arthur Aldis wrote and helped produce in her own little theatre, *Mrs. Pat and the Law*, the plot of which was taken from the actual experiences of two Visiting Nurses.

During the past year, Mary L. Barry, R.N., School Nurse in Wheeling, W. Va. (address High School), has written and used most successfully, *Health Wins*, which has been further sub-titled *A Health Playlet for High Schools*. Miss Barry is generous enough to say that she will be glad to pass the play on. It is worth reproducing, for it will appeal to boys and girls of early high school years far more than health talks over the radio. In many of our high schools, the physical education classes are now so large that health talks are looked

upon as perfunctory and dull parts of a required routine. A health play makes much more appeal and, in a far more effective way, gets exactly the same message across.

At the annual meeting of the Visiting Nurse Association of Grand Rapids, Mich., (Ada P. Coleman, Superintendent), a play entitled *The Visiting Nurse*, written by Mrs. Edmund W. Booth, the President, and Mrs. Vernon S. Foote, was staged most successfully.

A series of tableaux, each one preceded by a descriptive jingle which was read by Alma Haupt, the Superintendent, gave the large audience gathered for the annual luncheon of the Minneapolis Visiting Nurse Association, a very vivid picture of the different kinds of patients and homes that the nurses are trying to help. The nurses planned and staged the tableaux and one wrote the verses. Miss Haupt illustrated the title, *A Visiting Nurse's Day*, still farther by changing the hands of a big grandfather clock between each two tableaux.

When we came back to Chicago, determined to do likewise rather than repeat the play written and given by the Visiting Nurses to wind up a most successful Institute that had been held in Chicago by the State League of Nursing Education, we were greeted with a clipping from the *Daily News*, quoting itself for thirty years back, to the effect that some tableaux were to be given for the benefit of the Visiting Nurse Association, that afternoon, proving, perhaps, that history repeats itself whenever a thing is particularly well done.



## TAKING HEALTH INTO THE SCHOOLS

BY LOUISE SITZENSTOCK, R.N.

*Director, Good Cheer Health Center, San Jose, Calif.*

Teaching health in the schools has become a positive quality rather than a negative quality. We are born with instincts, but we acquire habits. Youth is imitative and therefore in health teaching and health supervision, we now stress habits along with routine inspection.

Every school child should be weighed and measured. Under-weights should be weighed more frequently. We are interested in the food of the school child. Does he drink milk? Can milk be made available for every school child in the school? Many children will not drink milk at home, but will drink milk in school because their classmates do. Can a hot lunch be provided? This does not necessarily mean food, but it could be a hot drink,—such as cocoa or soup.

The question of sanitation is important. Is plenty of water available in the school? Is there sufficient screening against flies, etc? Do the children report plumbing out of order? School sanitation can be made so interesting that the children can be taught to be health crusaders in the home.

Clean, healthy teeth are a protection. A handkerchief for every child is a necessity, not only as a convenience or

for aesthetic reasons, but use of the handkerchief protects the child from the droplets spread by the sneezing and coughing of his classmates.

In her rounds in the schools, the school nurse, therefore, inspects the child, talks to him individually in regard to cleanliness and baths, talks to the class in general on keeping fit, confers with the principal, teachers, and parents, how best to help the school in general and the child in particular.

Classwork in the form of Home Hygiene and Care of the Sick and First Aid is the aim of every school nurse, as it is a practical demonstration of the theory of Hygiene. It gives the school child, whether in the grammar school or attending high school, a chance to become self-reliant. The entire question of health and keeping fit can well be summed up in the following Efficiency Chart, gotten out by the Indiana State Board of Health:

A good car and a skillful driver are essential for a good automobile trip.

A healthy body and a pure soul are essential for a good life journey.

Your body is the automobile for your soul. Life is a journey of body and soul.

An automobile must have care—so must your body.

Compare them and note the similarity.

## THE AUTOMOBILE

## YOU

Good gas.....	Good food.
Clean spark plugs.....	Clean teeth.
Clear headlights.....	Good eyes.
Tuning and adjusting.....	Outdoor exercise.
Full air pressure.....	Good posture.
No carbon.....	No constipation.
Keep clean and oiled.....	Frequent baths and plenty of sleep.
Good mixture.....	Balanced ration—vegetables, fruit, etc.

THE AUTOMOBILE

YOU

Don't choke engine.....	Chew food thoroughly.
Strong steering gears.....	Strong will power.
Humming motor.....	Cheerfulness.
Keep radiator filled.....	Drink plenty of water.
Good brakes.....	Self control, self reliance.
A hot spark.....	Ambition.
Good bearings.....	Perseverance and courage.
Good lubrication.....	Fair play and tolerance.
Strong axles and frame.....	Stamina.
Well balanced mechanism.....	Even temper.
Rolls easy.....	Plays well.
Good hill climber.....	Hard worker.
The horn does not increase the power and is disagreeable to others.....	Don't boast.
A tiny speck in the current breaker.....	A tiny germ may cause fatal illness.
A skillful and careful driver will avoid all dangers and complete his journey safe and sound.....	A strong character will be master of his body and deliver his soul undefiled at the end of life's journey.

ANOTHER TRI-COUNTY PUBLIC HEALTH  
NURSING ASSOCIATION

W. Louise Kochert, Secretary of the Public Health Nurse Club, has just written an interesting account of a club that has been formed in West Virginia, by the public health nurses of four counties: Preston, Harrison, Marion and Taylor. It holds regular monthly meetings in the county seats of the different counties in turn, and has twenty-two members.

Public health nurses and their work must be popular in West Virginia (and deservedly so), for the clipping which was enclosed with the letter was a

column in length and mentioned specific instances of good work that was being done by the nurses collectively and individually.

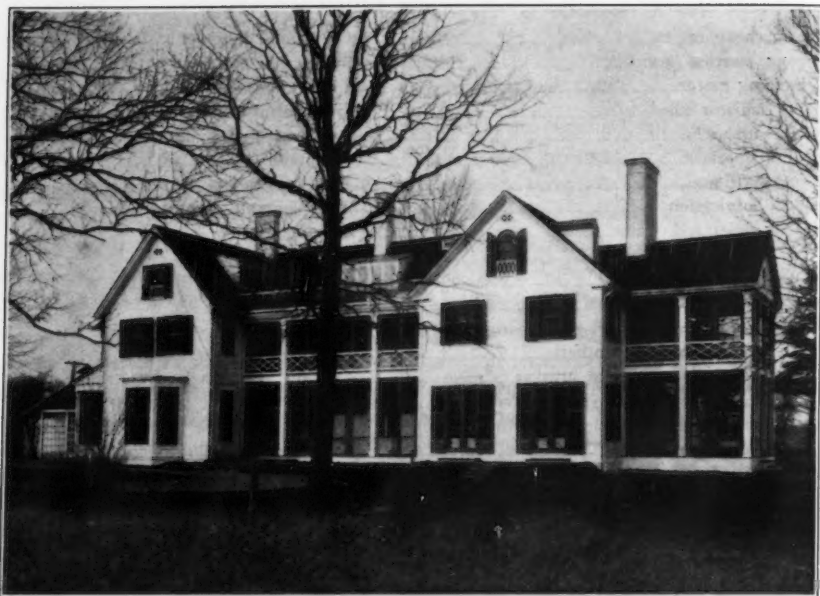
Among their speakers have been Mr. Rice, Superintendent of the Grafton City Schools, Dr. Hedges, Taylor County Health Officer, Mr. Saul, sanitary inspector of Preston County, Mr. Carper, sanitary inspector of Taylor County Health Unit, and Mrs. Jean T. Dillon, director of Public Health Nursing, West Virginia State Department of Health.

The President of this active Club is May Malone, Supervisor of Nursing Activities in Fairmont, Marion County.

TWO FASCINATING POSTERS

A set of two Runabout Posters, "Work" and "Play" make charming school-room decorations and may be had for twenty cents from the American Child Health Association, 370 Seventh Avenue, New York City.

*Biennial Convention, Detroit, Michigan, June 16-21.*



HELEN N. JOY NURSES' HOME FOR VACATION PERIODS OF STUDENTS OF GRACE HOSPITAL  
DETROIT



McLAUGHLIN HALL, HARPER HOSPITAL, DETROIT

## STUDENT NURSES' PAGE

### HOW WE RAISED OUR CONVENTION FUND

BY ELIZABETH M. HARRIS

*St. Joseph's Hospital, Denver, Colorado*

LAST fall our Superintendent of Nurses announced to our class that the biennial convention of the American Nurses' Association would be held in June of this year. The suggestion of sending student delegates to the Convention was presented and was received by the entire class with enthusiasm, but the question arose, how to defray expenses.

It is a long way from Denver to Detroit and back again, and the journey requires a considerable amount of money. So we all put on our thinking caps in an effort to evolve some scheme that would separate several clinging dollars from their watchful owners. One thing we determined on, that we would not ask for it by subscription or otherwise, but would give something in return that would be worth the money. A class meeting was held in November to discuss this subject, and it was finally decided that we should endeavor to secure one of the local theaters for one night.

The Wilkes Players, a high class stock company, offer a new play every week to Denver theatergoers, at the Denham theater, and are very popular. Monday, as all theater managers know, is a very "poor" night, so in order to advertise the week's play and to help fill the house, the manager of the Denham turns the theater over on Monday nights to responsible organizations on a percentage basis. Thus we were able to secure it on February 4, and

contracted to fill every seat in the house.

This undertaking seemed stupendous for a handful of girls, and as everyone knows the spare time of nurses in training is a very tiny margin. However, our Sisters and our Superintendent of Nurses helped us in every possible way.

Christmas came with its rush, hurry and happiness, and passed, leaving us time to carry out our plan.

Dame Fortune was kind to us and provided a most opportune moment for announcing the scheme to the Hospital Staff, at their annual meeting, January 16. An announcement was read to them telling of our plan to send two delegates from the student body to the convention in Detroit, June, 1924. The doctors were quite enthusiastic and not only lauded the idea but supported it generously. It was on that evening that we started to dispose of the tickets and every member of the training school went to work with a right good will to make this venture a success.

The play for the first week in February was a comedy entitled *Connie Goes Home*. It was well advertised by the management and the nurses. Every moment off duty was spent in disposing of tickets, with the result that the theater was filled to capacity on our night.

We returned home that evening, tired but happy, knowing that we had scored a greater success than had seemed possible. A sum more than

sufficient to defray the expenses of two delegates was realized.

The next matter was the election of delegates, which, like all elections, gave rise to no little excitement. So on February 8, the entire student body was called to vote for their choice of delegates. The plan was to send one member from the Senior and one from the Junior classes. Every accepted student in the training school voted.

The two delegates are to be congratulated upon the honor shown them by the school, and no more capable nor worthy representatives could be sent.

We are hoping this venture of ours will be an incentive to other schools to do as we are doing, so that the students may have every opportunity possible of studying the profession from all its angles, thus gaining a wider general interest in all that concerns nurses.

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#### JOSEPH LISTER

BY ESTHER J. BAILLARD

*Alameda County Hospital, San Leandro, California*

ON this April morning did you stop, lower your head, and think a moment of an individual named Joseph Lister, who was born of English parentage in Upton, Essex County, England, on April 5, 1827?

He took up medicine in London University and graduated in 1852. Later he married the daughter of James Syme, of Scotland, where he was house surgeon. At this time the surgical death rate was so great that the hospitals were spoken of in low whispers. Lister worked with James Syme of Edinburgh, who had established fairly good technique, considering the time, but still many cases died of infection.

Together these two surgeons, Lister and James Syme, determined to work out a few problems of their own. Putting their troubled heads together they soon learned that in bone cases, where

there were no open wounds, they did not have infections, while if the patient had an open wound he nearly always had a very bad infection within a short time.

Pasteur, a noted French chemist, had made considerable advancement in the study of bacteriology. With this as a foundation, Joseph Lister was enabled to build up a technic that led to our modern surgery.

Lister was the first surgeon to use catgut ligatures and sutures and rubber drains.

Lister died February 11, 1912.

To these men and several others of this time we owe our modern methods in hospitals. Credit must be given our people of today, but would we have surgery so far advanced were it not for Joseph Lister and his contemporaries?



## LETTERS TO THE EDITOR

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words and should be accompanied by the name and address of the writer.

### A KANSAS NURSE IN CHINA<sup>1</sup>

DEAR EDITOR: Shanghai is the New York of China. It is a huge city; one can live there in all the comfort of a western home, but right around the corner you will have Eastern customs, straw huts, dirty, narrow streets, jinrikshas, man-drawn wagons, and wheelbarrows. Dr. Decker has developed a hospital in the Baptist Social Center in the heart of the factory district. It is merely an old house turned into a hospital. All the rooms were crowded. In one bed was a man with cholera, in the next was one with amoebic dysentery, in the next an ulcer of the leg, in the next a cancer of the liver, then one with a crushed hand which was mangled in the mill. In another room there was a woman with gonorrheal eyes, another with her arm torn from her body by one of the huge machines. The clinic each morning was most interesting, but the most awful thing was to see little seven and eight-year-old kiddies come in with hands or feet hurt while working in the mill. St. Luke's Hospital is quite nice and is in a better section of the city. I also saw the Margaret Williamson Hospital. That is a wonder. It is a hospital for women and is run entirely by women, doctors and all. In Ningpo, the hospital has been running for years and years, but it is in China and hospitals in China are vastly different from hospitals in America. It is a Chinese building and not a foreign one. That is a huge difference. It is dark and cold and there is no way of heating it. The beds are foreign but mattresses are nothing but thin pads. The operating room had to be heated by a wood stove. The instruments are few and all old style ones. The rooms are crowded to the utmost with beds and then patients come in and bring pads and covering and sleep on the floor in order to get the medical attention they need. There are all the diseases we have in America and in a much more aggravated form, and many others which we do not have in America. This being a subtropical climate, we get a great many of the

tropical diseases. So I am having, as it were, a new course in *Materia Medica*, learning the usual medicines given in cases of tropical malaria, hookworm, cholera and such. The out patient department is the most used part of the hospital and considering those at home it is very poorly equipped, except with cases, and here we outshine most of those in the States. They have bought land and bricks and as soon as enough money is raised they will start building the new hospital. The Chinese are giving about one-third of the money. That is a big thing. Their new hospital plans are fine. At present they have a wonderful x-ray equipment which will be a big asset to their new hospital. In Hangchow I saw one thing I had not seen before,—a Chinese Medicine Shop. First we saw the live reindeer. Then we saw the place where they are killed, then where their bones are ground up. Powders, paste, and capsules are made from them. The capsules were almost as large as hens' eggs and just that shape. The deer is a sacred animal, therefore it has healing powers.

B. H.

### AREN'T WE ALL?

DEAR EDITOR: On Broadway, a short time ago, I saw this sign: "Aren't We All?" I did not see the play, I am sorry. The title, however, impressed me. Aren't we all, we nurses of today, striving toward a common goal, professional betterment? What about our methods and procedures? Are we standardizing them as others seem to be doing, or are we losing efficiency by multiple foci? We are told that there are as many ways to remove an appendix as there are sound surgeons to do it, that there are as many ways to administer a hospital as there are able people to carry on. But are we not also told that these very surgeons and these very administrators are banding together to standardize their methods? What is happening? Is it not a renaissance, a period of adjustment, a controversy, a meddling, a what not, history repeating itself with its radicals, its betwixt and betweeners, and —neither one nor the other,—but a blending

<sup>1</sup> Extracts from a personal letter.

of the best of each—the so-called rational progressives? In nursing education today, have we not much the same issue—the die-hards, those of us who decline to race along with the radicals, or to readjust ourselves with the progressives; then, aren't there those of us who join the radicals and exhaust ourselves in extremes, and lastly those of us who cling fondly to the best in the old and reach out rationally to the new, hoping thus to shape the image of our professional ideal? Is not the mean, that for which all education is striving? Has it not been the mean, all along the line of educational development, that has had the lasting effect? Must we not then, look to the rational progressives to give us the pattern for our nursing family? What is the aim of this group? Is it not the establishment of a true profession and not that of a glorified trade, nor yet to obtain poor adjuncts to the medical world? Have you ever been asked—"What are the nurses doing today, are they trying to usurp the doctor's province?" Perhaps more than I are unable to answer this unintelligent interrogation as dynamically as we should. If we, as die-hards, would recognize the knocking of the progressives and open to them, would not professional betterment be ours? Think what we would have lost if the gentle knock of the arbiter of higher education for nurses had not been heard, or if the timid tapping of the young discoverer of Insulin had been ignored. But is the door always opened so willingly? Do you and I meet the new ideas upon the threshold? What of the radicals? I do not mean those of keen vision, tempered with knowledge of existing conditions, whom we would rank as progressives, but we who are extremists, what of us? Do we not often frustrate our own efforts and those of our confreres by our skylarking? And what of the conservative progressives? All down through the ages this party has saved the day. Why not now? Am I wrong or do we not sometimes eagerly extend our hand to the new and cordially invite its sponsors to come to us, offer them many inducements, and, when they do come, do we not occasionally lose the benefit of their education and experience by our very apathy and misunderstanding? Do we or do we not say

with the official of the story,—“Oh yes, Mr. Brown, you come very highly recommended. We need you as a manager. Just show us! You know that preparation, initiative, coöperation all receive their rewards. Stick around and give us your ideas and we will make it worth while.” Do we say, a year later, “This Mr. Brown is a nuisance, always butting in with his ideas, so pedantic, so aggressive. Just put him back on the books and keep him there”? In conclusion, then, aren't we all, perhaps, “criss cross,” as Galsworthy puts it, “cutting each others' throats from the best of motives”? If this be the case, how might we remedy it? What did Confucius put into the mouth of the master when the pupils asked “Master, is there one good word which may serve as a rule for the practice of all one's life?” “Yes,” he replied, “Is not Reciprocity such a word? What you do not want done to yourselves, do not to others.”

New York

H. D.

## A HOME FOR CRIPPLED CHILDREN

DEAR EDITOR: Would you like to know who we are? You no doubt know of many of the good things in Kansas City, but probably you have never heard of the Linwood Presbyterian Home for Crippled Girls. The Linwood Presbyterian Church organized this home and maintains it with the aid of the Associated Charities. Some of the ladies from the church come here once a week and spend the day sewing for us. Perhaps you are wondering, too, why we are writing to you. Our friend, Miss Swanson, (a nurse), promised Miss Roberts while she was in Kansas City that we would write a letter for your magazine. We have a lovely home. The house is large and nicely furnished. One room is used for school. Our teacher comes every day just as she would in public school. The School Board sends our books and supplies. Our matron is just like a mother to us. When she came home from town a few days before Christmas she had so many packages she looked like Santa Claus. You see, she had to do all our shopping for us. Everyone was wonderful to us at Christmas. Some people sent us delicious things for dinner and a beautiful Christmas

Oh yes, Mr. commended. t show us! ive, coöper- ick around ill make it year later, lways but- so aggres- books and hen, aren't Galsworthy roats from e the case, did Con- aster when one good e for the he replied, id? What es, do not

H. D.

CHILDREN

u like to no doubt in Kansas heard of r Crippled a Church s it with es. Some here once g for us. ay we are Swanson, while she l write a a lovely cely fur- pol. Our ne would rd sends n is just me home tmas she ke Santa ur shop- ul to us delicious Christmas

tree. Others took us in their own cars to very interesting entertainments. The people of Kansas City are very thoughtful of their orphans and crippled children.

THE GIRLS OF THE LINWOOD  
PRESBYTERIAN HOME

Missouri

#### THE JOURNAL IN SOUTH AFRICA

DEAR EDITOR: I cannot do without a single copy of my *Journal*; out here it is doubly valuable. I am now commissioned to a different part of Swaziland. There is no other nurse or doctor within 80 miles of me, so I value my training more and more. There are 150 white people here besides the thousands of natives scattered over miles of mountainous country. I have varied experiences and some very exciting times. I make most of my trips in the saddle, riding either a horse or a mule. I see many deer. The serpents are dreadful.

South Africa

M. A. P.

#### MESSAGE FOR SPANISH-AMERICAN WAR NURSES

DEAR EDITOR: May I trouble you to insert a list of names in your magazine? I am seeking the addresses so that the report of the S. A. W. N. meetings held in Washington and New York may be sent to them, or if they know of a life member who does not receive her letters from that organization, I would appreciate being notified. Names: Mrs. W. D. Moore, Mary Graf, Mary St. John, S. Elizabeth Chapline, Mrs. R. Shuler, Helen Fisher, Mrs. Victor Delin, J. L. Moll, Gertrude B. Buckner, M. L. Sweeney, Marie Kolb, Mrs. Kuehn, Mrs. J. M. McLain, Mildred Shaw Clancy, M. L. Ecclestone.

MRS. LENA LUDA FITHINA,  
Correspondent.

227 S. 6th St., Camden, N. J.

#### THE VALUE OF A NURSE'S TRAINING

DEAR EDITOR: Although married, I am as much interested in the nursing profession as previously and I value my training more than ever. I think all schools and colleges should give all girls at least six months of practical nursing training, especially in personal hygiene during marriage and pregnancy,

care of infants, growth and nutrition in children. As I am now a mother, I value my training more than any worldly possession. Without it, my little one would be at the mercy of a Chinese Amah. They cannot be trusted with the personal hygiene of an infant or child; they need constant supervision and more careful watching than the most hopeless probationer.

China

E. G. A.

#### MARRIED NURSES

DEAR EDITOR: In the February *Journal* I note what Clara Sanford Lockwood says in regard to what married nurses can contribute to their profession. Could we get the single nurses who are working at the nursing profession to take as much interest in the Registered Nurses' Association as do the married nurses from this community, we would have no difficulty in being 100 per cent for the betterment of the American Nurses' Association.

Iowa

M. P.

#### THE NURSES' RELIEF FUND

DEAR EDITOR: Our Alumnae has a member who is being helped by the Relief Fund, and our members are ready to testify as to its worth. It fills a great need and should be generously and cheerfully supported by all nurses.

New York

C. H. B.

#### HOSPITALS IN ALASKA

DEAR EDITOR: I have received a letter calling my attention to a letter which was printed in the December issue of the *Journal*, concerning our work in Alaska. It is a cause for gratitude that one who has been in that work is still interested enough to appeal for help. Our present medical work in Alaska, however, centers in the Hudson Stuck Memorial Hospital at Fort Yukon and the Arthur Yates Memorial Hospital at Ketchikan. At present we have no work at Valdez or Fairbanks. I should be very glad to supply details of the work to any members of the Episcopal Church who could consider service in Alaska. Please ask them to write directly to: The Reverend A. B. Parson, 281 Fourth Avenue, New York City.

## MAGAZINES TO BE PASSED ON

**D**EAR EDITOR: The following publications come to me and I would be glad to send them to some one whom they would help: The Public Health Nurse, The Nation's Health. JANE ELIZABETH HITCHCOCK

71 Willow Street, Brooklyn, N. Y.

SUPERINTENDENTS' SOCIETY  
REPORTS

Ruth Brewster Sherman, 219½ East North

Avenue, Baltimore, Md., has Volumes 10, 20, 21, 23, 24, cloth bound, perfect condition, which she will sell separately or together, for \$1 each and cost of sending.

## JOURNALS ON HAND

Julia B. Spinney, 406 North Main Street, Andover, Mass., has copies of the *Journal* for 1920-1922 which she will be glad to dispose of.

## QUESTIONS AND ANSWERS

The editors will welcome questions and will endeavor to secure authoritative answers for them.

16. Does school nursing come entirely under the Board of Education or not?

School nursing may be supervised by a Board of Education, a Board of Health, a private organization or a combination of two or all three of these, the position depending upon the local situation. School nursing is successfully done in the United States under each of these methods.

17. If a nurse has had only eight months of training, is she eligible for a school nursing position?

This would depend entirely upon the standards maintained by the local community. If that community feels that its needs demand no more than an eight months' preparation, that is probably all it will require, and unless positions of this sort are protected by some law or ordinance, the eligibility of the applicant would no doubt depend upon the judgment of the person employing that applicant. If it becomes a question of whether or not such a nurse is adequately prepared for school nursing, that is quite another thing. She must assuredly be not ready nor is she trained to meet the demands which such a position invariably make upon her. In any public health nursing work the nurse needs not only a good fundamental standardized hospital training, but further preparation for community work. The good public health nurse finds that she must be constantly seeking new resources in order to keep in touch with the rapid progress of the times and to adequately

meet the demands of an increasingly intelligent public.

18. Can she make up, in any way, the equivalent of the remaining part of the training she would have had in a full course of hospital training?

She can make it up in only one way and that is by returning to a hospital and securing her diploma.

It is exceedingly unfortunate that the undergraduate nurse is able to secure public health positions occasionally, through the shortsightedness of the office employing her. We can only hope to overcome this situation by intelligent work on the part of public health workers who understand the need for adequate training in their field, and who are willing to interpret conscientiously that need to the public.

I quite agree with the questioner that we must keep our standards high, but in order to do so, we must put forth an earnest effort to convince, by demonstration, the offending members of the community of the value of preparation for this work and the danger of the lack of it. Isn't this somewhat of a challenge to graduate nurses to encourage the making of laws or ordinances which will protect the public health nursing positions? (This is not to be construed as merely safeguarding public health nurses.)

ELMIRA W. BEARS,  
*Secretary for School Nursing,*  
N. O. P. H. N.

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## NURSING NEWS AND ANNOUNCEMENTS

### CONVENTION ARRANGEMENTS

The National Nursing Convention will be held in Detroit, Michigan, June 16-21, 1924. This is the biennial meeting of the American Nurses' Association, the National Organization for Public Health Nursing, and the annual meeting of the National League of Nursing Education.

*Arrangements.*—Woodward Avenue Baptist Church has been selected for Headquarters, with information booth and rooms for registration and exhibits. This commodious church with its large Memorial Hall, with the fine big Church House of the Central Methodist Church near by, will provide three auditoriums with excellent acoustic properties, two large rooms for press purposes, and ample space for as many conference rooms and round tables as may be desired. Joint meetings will be held in the auditorium of Cass Technical High School a few blocks distant.

*Hotels.*—The Arrangements Committee requests that all reservations be addressed to Mr. E. B. Cookson, 821 Ford Building, Detroit, Michigan. Requests should be made on the form printed below, or letter should contain the following information: name, address, hotel preferred, single or double room, date and approximate hour of arrival, names of persons for whom reservations are made. All reservations should be made immediately or at the earliest date possible. Do not send money with request. A list of hotels is given below. To meet the needs of nurses travelling in parties, the hotels have provided rooms large

enough to accommodate two or three persons. The expense of the trip may be considerably lessened in this way.

Nurses who are planning to motor to Detroit should also communicate with Mr. E. B. Cookson for full information regarding routes and points of interest.

### HOTELS AND RATES

Hotel Statler—Washington Blvd. and Park Blvd.

Single rooms with bath—\$3.00, \$3.50, \$5.00  
Double rooms with bath—\$5.00, \$7.00 and up

Hotel Tuller—Park Blvd. and Adams Ave.

Single room with bath—\$3.00 and up  
Double room with bath—\$5.00 and up  
Large room, double bed, two single wall beds—\$2.50 per day per person

Hotel Wolverine—Witherall and Elizabeth Sts.

Single rooms with bath—\$3.00 to \$6.00  
Double rooms with bath—\$5.00 to 8.00

Hotel Fort Shelby—525 Lafayette Blvd.

Single rooms with bath—\$3.00 to \$5.00  
Double rooms with bath—\$4.50 to \$7.00

Hotel Dixieland—John R. St. and Farmer St.

Single rooms with running water—\$2.00  
Single rooms with bath—\$3.00  
Double rooms with running water—\$2.50  
Double rooms with bath—\$4.00

Suite of 2 rooms with bath, 4 people, 2 double beds, \$5.00 for suite

Hotel Madison and Lennox—Madison St. and John R. St.

Double room with bath—\$3.50 and \$4.00

NAME

ADDRESS

HOTEL PREFERRED

ROOM SINGLE

DOUBLE

DATE OF ARRIVAL

APPROXIMATE HOUR OF ARRIVAL

NAMES OF PERSONS FOR WHOM RESERVATIONS ARE MADE



Living room, bedroom, bath, for three persons—\$7.50

Living room, bedroom, bath, for two persons—\$6.00

Hotel Prince Edward—Windsor, corner Ouellette St. and Sandwich St.

Single rooms with bath—\$2.50 to \$4.00

Double rooms with bath—\$5.00, \$6.00 and \$7.00

#### FAMILY HOTELS AND APARTMENTS

Grace-Harper, 201 E. Alexanderine Ave.

Living room with murphy bed, dressing room, dining room, (Pullman) accommodate two—\$3.50 day

Same as above with bedroom, to accommodate 4—\$5.00

Harding—129 Charlotte Ave.

Living room with murphy bed, dressing room, pullman diner, to accommodate two—\$4.00 day

Same as above with bedroom, to accommodate four—\$6.00 day

Willis Arms—675 Willis Ave. West

Rooms—\$1.50, \$2.00 and \$2.50 day

Apartment, living room, bedroom, kitchen, to accommodate two or three people—\$2.50 day

Jacobs-Manor, 2627 John R. St.

Living room, bedroom, kitchenette, bath, to accommodate three or four people—\$18-\$25 week

Parmento—Warren Ave. and John R. St.

Can accommodate probably 75 or 80 people  
1 room and bath, to accommodate two—\$5.00

2 rooms and bath, to accommodate four—\$7.00 and \$8.00

#### OFFICIAL INSTRUCTIONS TO DELEGATES TO THE AMERICAN NURSES' ASSOCIATION

**Headquarters.**—The Statler Hotel will be the headquarters, and registration will be at the Woodward Avenue Baptist Church. Registration will begin on Monday, June 16, as soon after 8 a. m. as possible.

**Representation.**—Each State Association is entitled to one delegate for every fifty of its members. State Associations of fifty or less are entitled to one delegate.

Credential cards will be sent to each state secretary in April, for the number of delegates

to which the State Association is entitled. These cards must be signed by the Secretary or the President of the Association. All delegates must be active resident members of the state which they represent. If a delegate is sent with several votes, she must carry a credential card for every vote. Proxy votes are allowed only in the election of officers.

**Advisory Council.**—State Presidents should plan to reach Detroit not later than 2 p. m., Saturday, June 14, in time to attend the meeting of the Advisory Council, of which they are members.

There will be no badges. All who attend the convention will be provided with an identification card at the time of registration.

#### PROPOSED AMENDMENTS TO THE BY-LAWS

1. Amend Article IV, Section 5 by striking out last three lines "but by accepting, etc."
2. Amend Article VII, Section 1, (a) by substituting "Membership" for "Eligibility."
3. Amend Article VII, Section 6, by substituting "September" for "October" in the fourth line.
4. Amend by adding another Section to Article III to provide for a "president-elect."

AGNES G. DEANS, *Secretary*.

#### TICKET OF NOMINATIONS FOR 1924 AMERICAN NURSES' ASSOCIATION

##### *For President*

Adda Eldredge, Madison, Wis.  
S. Lillian Clayton, Philadelphia, Pa.

##### *For First Vice-President*

Elnora Thomson, San Francisco, Calif.  
M. Helena McMillan, Chicago, Ill.  
Mary C. Wheeler, Chicago, Ill.

##### *For Second Vice-President*

Jane Van De Vrede, Atlanta, Ga.  
Carolyn E. Grey, Cleveland, O.  
Anna C. Jamme, San Francisco, Calif.

##### *For Secretary*

Agnes G. Deans, New York, N. Y.

##### *For Treasurer*

V. Lota Lorimer, Cleveland, O.  
Louise Sherwood, Syracuse, N. Y.

##### *For Directors (Three to be elected)*

Louise M. Powell, Minneapolis, Minn.

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Helen Scott Hay, Savanna, Ill.  
Elizabeth E. Golding, New York, N. Y.  
Julia C. Stimson, Washington, D. C.  
Lulu F. Abbott, Lincoln, Neb.  
Carrie M. Hall, Boston, Mass.  
Elsie M. Lawler, Baltimore, Md.  
Mrs. Chas. C. Bailey, Topeka, Kansas.  
Mrs. Janette F. Peterson, Pasadena, Calif.

MRS. CHAS. C. BAILEY, *Chairman.*

MRS. EDA PINE,

ALICE S. GILMAN,

SALLY JOHNSON,

ADA BELLE MCCLEERY,

*Nominating Committee.*

THE PRIVATE DUTY SECTION

All state associations having Private Duty  
Sections are asked to communicate that fact

to the Secretary of the national Private Duty  
Section, Minnie Hollingsworth, 37 Franklin  
Street, Watertown, 72, Mass.

#### TICKET OF NOMINATIONS

##### NATIONAL LEAGUE OF NURSING EDUCATION

For president, Laura R. Logan; for first  
vice-president, Carrie M. Hall; for second vice-  
president, Mary M. Pickering; for secretary,  
Ada Belle McCleery; for treasurer, Marion  
Rothman; for directors, Annie W. Goodrich,  
Bena M. Henderson, Mary M. Roberts, S.  
Lillian Clayton.

ETHEL P. CLARKE, *Chairman.*

JESSIE E. CATTON,

GRACE PHELPS,

*Nominating Committee.*

#### A FORECAST OF THE CONVENTION PROGRAM

(Subject to change for all but joint sessions)

##### *Monday, June 16*

- 9-11—Business Session of the National League of Nursing Education.  
12:15-12:45—Business Session of the National Organization for Public Health Nursing.  
2:30-4:30—Business Session of the American Nurses' Association.  
8:10—Formal Evening Opening Session—Joint Meeting—A. N. A. presiding.  
The American Red Cross Nursing Service, Clara D. Noyes.  
Woman's Relation to World Peace, The Hon. John H. Clarke, former Asso-  
ciate Justice, U. S. Supreme Court.

##### *Tuesday, June 17*

- 9-11—Joint Session, A. N. A. presiding.  
The Role of the Physician in the Education of the Nurse, Charles D. Lock-  
wood, M.D.  
2:30-4:30—Joint Session, N. O. P. H. N. presiding.  
Communicable Disease, Charles P. Emerson, M.D., Dean, Indiana University  
School of Medicine, and Elizabeth F. Miller, Superintendent of Nurses, Phila-  
delphia Hospital for Contagious Diseases.  
N. L. N. E. Sessions—  
11:15-12:45—Discussion.  
4:40-6—Round Table: Publicity in Schools of Nursing. Chairman, Elnora Thomson.  
A. N. A. Sessions—  
11:15-12:45—Discussion.  
4:40-6—Round Table: A Useful Tool When Skilfully Used,—*The American Journal of  
Nursing*, Chairman, Mary M. Roberts.  
4:40-6—Round Table, Postgraduate Courses for Nurses, Chairman, Mary C. Wheeler.  
4:40-6—Round Table: What Women Need to Know Before Voting, Mrs. Charles Novak.  
4:40-6—Round Table: State and Local Committees on Red Cross Nursing Service,  
Chairman, Clara D. Noyes.

## N. O. P. H. N. Sessions—

11:15-12:45—Discussion.

12:45- 2:30—Luncheon Round Table: Legislation, Chairman, Janet Geister.

4:40-6—Round Table: Visiting Nurse Study Report, Chairman, Katherine Tucker.

*Wednesday, June 18*

9-11—Joint Session, N. L. N. E. presiding.

A Study on Budgets for Schools of Nursing, Elizabeth A. Greener, Superintendent of Nurses and Principal School of Nursing, Mt. Sinai Hospital, New York City.

2:30-4:30—Government Nursing Service Session.

8-10—Joint Session, N. L. N. E. presiding.

The Responsibility of the Community and the Hospital in the Establishment of Schools of Nursing, Christopher G. Parnall, M.D.

The Responsibility of a University School of Nursing toward the Hospital and the Community, Mrs. Chester C. Bolton.

## N. L. N. E. Sessions—

11:15-12:45—Discussion, A Study on Budgets for Schools of Nursing. Chairman, Elizabeth A. Greener.

4:40-6—Round Table, Adjuncts to Teaching, Chairman, Susie A. Watson.

## A. N. A. Sessions—

11:15-12:45—Discussion.

4:40-6—Round Table, Getting Young Graduates Interested in Organization, Particularly with Respect to Building up School of Nursing Endowments. Chairman, E. M. Lawler.

4:40-6—Round Table: Milestones in the Progress of Social Hygiene.

4:40-6—Meeting of the National Committee on Red Cross Nursing Service.

## N. O. P. H. N. Sessions—

11:15-12:45—Discussion, Communicable Disease Nursing. Chairman, Alta Elizabeth Dines.

12:45- 2:30—Luncheon Round Table: Rural Nursing.

12:55- 2:20—Luncheon Round Table: Responsibilities, Privileges and Rewards of Directors. (Closed Session of Boards of Directors of Public Health Nursing Association), Chairman, Gertrude W. Peabody, Boston, Mass.

Round Table: Publicity, Charles Stelzle, New York City.

4:40-6—Round Table: Affiliations for Schools of Nursing with Public Health Nursing Associations. Chairman, Gertrude Hodgman.

*Thursday, June 19.*

9-12:45—Section meetings of the three organizations. (See Organization Sessions, below.)

12:55-6—Boat ride for delegates and guests, Michigan nurses hostesses.

## N. L. N. E. Sessions—

Instructors' Section, Chairman, Nellie G. Brown, Changing Demand in the Training of Teachers, Isabel M. Stewart.

## A. N. A. Sessions—

Mental Hygiene Section, Chairman, May Kennedy.

Private Duty Section, Chairman, Frances M. Ott.

Legislative Section, Chairman, Roberta M. West.

## N. O. P. H. N. Sessions—

9-11:30—School Section, School Health—Progress and Promise, Chairman, Alice Dalbey.

9:30-12—Industrial Section, Social Hygiene in Industry, Chairman, Mrs. Marion T. Brockway.

10-12:30—Child Welfare, Routines in Child Care, Chairman, Abbie Gilbert, (The film, "Well Born," will be shown).

10-12:45—Tuberculosis, Chairman, Anna M. Drake.

Tuberculosis and Nursing Education, Dr. H. A. Pattison.

New Theories, Methods, Treatment in Tuberculosis Nursing, Alice Stewart.

*Friday, June 20*

9-11—Joint Session, N. O. P. H. N. presiding.

Meeting the Demands of Community Health Work, Dr. Haven Emerson, Prof. of Public Health Administration, Columbia University; Ella Phillips Crandall, Associate General Executive, American Child Health Association; William J. Norton, Secretary of Detroit Community Fund, Detroit, Mich.

2:30-4:30—Joint Session, N. L. N. E. presiding.

Some Outstanding Activities in the Nursing Field.

8-10—Joint Session, N. O. P. H. N. presiding.

The Public and the Nurse, Dr. George Vincent, President of the Rockefeller Foundation.

N. L. N. E. Sessions—

11:15-12:45—Discussion.

4:40-6—Round Table, Pediatric Nursing, Chairman, Gladys Sellow.

A. N. A. Sessions—

11:15-12:45—Discussion.

4:40-6—Round Table: Mental Hygiene Section, Chairman, May Kennedy.

4:40-6—Round Table: Home Hygiene and Care of the Sick, Chairman, Isabelle W. Baker.

4:40-6—Round Table: Chairman, Florence Patterson, Value of the Public Health Nurse Magazine to All Nurses, Ada M. Carr.

N. O. P. H. N. Sessions—

11:15-12:45—Discussion, What Are Voluntary Organizations Going to Do Toward Meeting the Demand with the Funds that Are Available, Chairman, Mary S. Gardner.

12:45- 2:30—Luncheon Round Table (closed session), Discussion of the Content and Method of Instruction in Principles of Public Health Nursing, Chairman, Katherine Tucker.

4:40-6—Round Table: Vocational Work.

*Saturday, June 21*

9-11—Business Session of the National League of Nursing Education.

11:15-12:45—Business Session of the National Organization for Public Health Nursing.

2:30- 4:30—Business Session of the American Nurses' Association.

**TRANSPORTATION FOR WESTERN NURSES**

The Transportation Committee of the California State Nurses' Association is offering an opportunity to members and friends to attend the Biennial Convention in Detroit, Michigan, June 16-21. The Southern Pacific Route has been chosen and the itinerary planned as follows:

Leave San Francisco	at 11:00 a. m. on Tuesday, June 10
Leave Sacramento	at 2:35 p. m. on Tuesday, June 10
Arrive Salt Lake City	at 4:25 p. m. on Wednesday, June 11
Arrive Royal Gorge	at 2:00 p. m. on Thursday, June 12
Arrive Denver	at 8:30 p. m. on Thursday, June 12
Arrive Omaha	at 3:40 p. m. on Friday, June 13
Arrive Chicago	at 7:00 a. m. on Saturday, June 14
Arrive Detroit	at 3:35 p. m. on Saturday, June 14

The cost of the trip from San Francisco will be: Round trip to Detroit, \$105.62; lower

Pullman berth to Detroit, \$27; upper berth, \$21.60. Meals may be obtained on the train. A special train will be provided if we have a party of 125, or special cars of 25 persons each. Special cars may be added to the train at any point for a party of 25 or more persons. Members of the party may return at any time within three months. Applications should be made to the Transportation Committee not later than April 15.

Mary H. Taylor, 1995 Kearney Ave., San Diego.

Mrs. F. J. Conzelmann, Chairman, Stockton State Hospital, Stockton, Calif.

*Committee on Transportation.*



LOUNGE, NURSES' RESIDENCE, CHILDREN'S HOSPITAL OF MICHIGAN, DETROIT

#### NURSES' RELIEF FUND

##### REPORT FOR FEBRUARY, 1924

###### *Receipts*

Balance on hand, February, 1924	\$16,181.06	Massachusetts: Worcester City Hospital Nurses' Alumnae Assn.	25.00
Interest on bonds	191.25	Michigan: Dist. 3, Battle Creek Alum., \$51; Dist. 4, Individual members, Muskegon, \$10; Dist. 5, \$50; Dist. 8, Individual members, \$7	118.00
California: District 5, \$76; Dist. 9, \$29; Dist. 12, \$11	116.00	Minnesota: Dist. 2, Individual members, \$9; Dist. 3, Individual members, \$7.50; Dist. 4, St. John's Alum. Assn., Red Wing, \$10	26.50
Connecticut: Litchfield County Hospital Alumnae, Winsted	39.75	Missouri: Dist. 6	10.00
Iowa: Iowa State Nurses' Association	54.50	Nebraska: Dist. 1, \$9; Dist. 2, \$15	24.00
Kansas: Kansas State Nurses' Association	84.00	New Hampshire: Community Hospital Alum., Keene, \$12; Individual members of State Assn., \$2	14.00
Louisiana: Alexandria District	31.50	New Jersey: Dist. 5, Individual	1.00
Maryland: Maryland State Nurses' Association	4.00		



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New York: Dist. 1, Buffalo General Hospital Nurses' Alum., \$25; Dist. 9, Albany Hospital Nurses' Alum., \$100; Dist. 13, Bellevue Hospital Alum., \$30; Fifth Ave. Hospital Alum., \$5; Yonkers Homeopathic Hospital Nurses' Alum., \$15; St. Mary's Free Hospital Alum., \$25; Park Hospital Nurses' Alum. (100%), \$35; White Plains Hospital Alum., \$10; Presbyterian Hospital Alum., \$100; Roosevelt Hospital Nurses' Alum. (7 members), \$8; Bloomingdale Hospital Nurses' Alum., White Plains, \$15; five individuals, \$18; Dist. 14, Norwegian Lutheran Hospital, Brooklyn, \$25 -----	411.00
Ohio: Dist. 9, Robinwood Hospital Alum., \$25; Lucas County Hospital Alum., \$10; Flower Hospital Alum., \$10; St. Vincent's Hospital Alum., \$50; District members, \$50 -----	145.00
Rhode Island: Rhode Island State Nurses' Assn. (Collected at meeting of Executive Board) -----	25.00
Texas: Bell County Graduate Nurses' Association -----	12.00
Wisconsin: Dist. 6, \$75; Dist. 10, \$40; one individual, Beloit, \$1--	116.00
Total receipts -----	\$71,629.56

Disbursements

Paid to 44 applicants-----	\$650.00	
Stationery -----	9.00	
Postage -----	13.06	
Farmers' Loan & Trust Company, exchange on checks -----	.23	
Money order returned-----	1.50	673.79
Balance, February 29-----	\$16,955.77	
Invested Funds -----	17,951.57	
		\$88,907.34

All contributions for the Relief Fund should be made payable to the Nurses' Relief Fund and sent to the State Chairman or, if her address is not known, to the American Nurses' Association, 370 Seventh Avenue, New York. Requests for leaflets should be sent to the

Secretary at the same address. For further information address Elizabeth E. Golding, Chairman, 317 West 45th Street, New York.

In response to the request published in these columns before Christmas, subscriptions to the *American Journal of Nursing* have been sent in for 32 of the Relief Fund nurses.

REPORT OF COMMITTEE ON FEDERAL LEGISLATION

Since the last report in regard to the reclassification of nurses, one member has been added to the Committee, Gertrude H. Bowling, who represents the National Organization for Public Health Nursing. The application for membership in the Joint Congressional Committee has not yet been acted upon, but the Secretary of the Joint Congressional Committee has been furnished with copies of three bills which the American Nurses' Association would support as members of this Committee. These bills are the "Amendment to the Reclassification Bill," which abolishes the existing Personnel Reclassification Board and makes the Civil Service Commission the classifying agency. The others are the "Educational Bill" and the "Child Labor Amendment." The reasons for the selection of these two bills were: First, the Educational Bill, by which a Department of Education is created with a Cabinet Officer in charge, should be a matter of great interest to nurses; Second, the Department of Education should be a great help to the National League of Nursing Education as all matters concerning education could be referred to this department; Third, higher education and more general education will naturally affect student nurses and give better material for training schools; Fourth, for graduate nurses the wiping out of illiteracy and increase in education cannot fail to be a matter of paramount importance. It is believed, in regard to child labor, that all nurses are interested in the protection of the health of the child and in the prevention of the exploitation of children of pre-school and school age by industrial organizations. The opportunity for education and development is the right of every child. At the present time hearings are being conducted on the Amendment to the Reclassification Bill. The Chairman of your Committee has attended these

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hearings and she will continue to do so. They will probably extend over a long period of time, and while it is not believed that our struggle for proper recognition would be ended with the abolition of the Personnel Board and the placing of the classification in the Civil Service Commission, we should at least have this advantage, that there would be one agency to contend with, rather than three, and that this agency has shown during past years that the welfare of the government employee is a matter of importance in so far as it does not conflict with the best interest of the people as a whole. Justice can more safely be left to the Civil Service Commission than to the Personnel Reclassification Board as evidenced by our past experience with that Board.

LUCY MINNIGERODE, *Chairman.*

#### REPORT OF THE ISABEL HAMPTON ROBB MEMORIAL FUND TO MARCH 10, 1924

Previously acknowledged .....	\$27,933.84
Minnesota State Registered Nurses' Association .....	50.00
Class of 1923, Hartford Hospital Training School for Nurses.....	25.00
Wisconsin State Nurses' Association .....	25.00
Illinois Training School Alumnae.....	50.00
Superintendent of Nurses, Massillon City Hospital, Massillon, Ohio.....	10.00
Anna C. Maxwell.....	5.00
District No. 5, California.....	10.00
Alumnae Association, Johns Hopkins Training School .....	25.00
Rochester Homeopathic Hospital Alumnae, Rochester, N. Y.....	10.00
Jefferson County Graduate Nurses' Association, Louisville, Ky.....	10.00
Western District of Kentucky State Association of Graduate Nurses.....	25.00
Newton Hospital Alumnae, Newton, Mass. ....	25.00
Noble Hospital Alumnae Association, Westfield, Mass.....	5.00
Total .....	\$28,208.84

MARY M. RIDDLE, *Treasurer.*

#### REPORT OF THE McISAAC LOAN FUND TO MARCH 10, 1924

Jan. 1, 1924, Bank balance.....	\$147.00
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Feb. 1, 1924, Loan repaid with interest	208.00
March 1, Loan repaid with interest...	208.00

#### Contributions

Feb. 21, Dist. No. 5, California.....	10.00
March 4, Rochester Homeopathic Hospital Alumnae, Rochester, N. Y.	10.00
March 5, Newton Hospital Alumnae, Newton, Mass.....	10.00
March 8, Noble Hospital Alumnae, Westfield, Mass. ....	5.00
	\$598.00
March 1, Loan made.....	200.00
March 10, Balance on hand.....	\$398.00

MARY M. RIDDLE, *Treasurer.*

Contributions to the Isabel Hampton Robb Memorial Fund or to the McIsaac Loan Fund should be sent to Mary M. Riddle, 36 Fairfield Street, Boston, 17, Mass. Checks should be made payable to the Illinois Merchants Trust Company.

#### ARMY NURSE CORPS

During the month of February, 1924, the following named members of the Army Nurse Corps were transferred to the stations indicated: To Army and Navy General Hospital, Hot Springs, Ark., 1st Lieut. Alice D. Agnew, Chief Nurse, 2nd Lieut. Catherine G. Sinnott; to Letterman General Hospital, San Francisco, Calif., 1st Lieut. Anne Williamson, Chief Nurse, 2nd Lieutenants Mary E. Cardwell, Florence I. Lee, Kathryn M. Morgan, Alvine L. Schmidt, Sarah E. Holden, Anna L. Barry, Ruth C. Anderson, Kathryn C. Hopkins, Grace Newcomer; to Station Hospital, Camp Meade, Md., 2nd Lieut. Sara E. Tiddy; to Station Hospital, Fort Sam Houston, Texas, 1st Lieut. Margaret Knierim, Chief Nurse; to Station Hospital, Fort Sheridan, Ill., 2nd Lieutenants Frances M. Poole, Clara L. Bemis; to William Beaumont General Hospital, El Paso, Texas, 2nd Lieutenants Margaret J. Bakken, Karen M. Swarva; to Hawaiian Department, 2nd Lieut. May V. Greenlees; to Philippine Department, 1st Lieutenants Nellie V. Close, Grace E. Hill, Chief Nurses, 2nd Lieutenants Elsie Schwaeble, Nell Suggs, Caroline Hutcheck, Mildred P. Carter, Alice H. Gallagher, Myrtle Huhner; to Philippine Department, 2nd Lieutenants Anna C.

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Keifer, Mary K. Sackville, Jane E. Wilson;  
to Tientsin, China, 2nd Lieutenants Josephine  
Heffernan, Minnie E. Newell.

Orders have been issued for the separation  
from the service of the following named mem-  
bers of the Corps: 2nd Lieutenants Isabel H.  
Armstrong, Anna Coffey, Aline M. Conrad,  
Christy A. Dalrymple, Nellie Donovan, Flor-  
ence G. Gerhart, Minnie M. Kirkpatrick, Mary  
B. Lyons, Grace M. Nestle, Helen L. Shep-  
herd, Nell A. Speegle, Jessie Wright.

JULIA C. STIMSON,

Major, Superintendent,  
Army Nurse Corps.

During the World War eight hundred mem-  
bers of the United States Army Nurse Corps  
were on duty in France with the British Ex-  
peditionary Forces. They went over with the  
first six Base Hospital units which were sent  
to France in the late spring of 1917. The  
nurses of these units came under the direct  
supervision of the Matron-in-Chief of the  
British Nursing Forces in France, E. Maud  
McCarthy, upon whom, in the summer of  
1918, the King conferred the title of "Dame  
of the Order of the British Empire." At the  
invitation of the nurses who served under her  
in France, Dame McCarthy has been brought  
to this country for a short visit. The War  
Office in London has granted her two months'  
leave in order that she may avail herself of  
this invitation. She is visiting some of the  
parent hospitals of the units who served under  
her. She arrived on the *Berengaria* on Feb-  
ruary 13, and made her first visits to Helen  
Young, Presbyterian Hospital, New York;  
Margaret Dunlop, Pennsylvania Hospital,  
Philadelphia; Carrie M. Hall, Peter Bent  
Brigham Hospital, Boston; Major Julia C.  
Stimson, Army Nurse Corps, Washington;  
Annie W. Goodrich, Yale School of Nursing,  
New Haven, and Laura M. Grant, Lakeside  
Hospital, Cleveland.

The funds necessary for this trip of Dame  
McCarthy's has been given by her friends  
among the American nurses. The manage-  
ment of her trip is in the hands of Major  
Julia C. Stimson, Superintendent of the United  
States Army Nurse Corps, who during the  
war had close coöperative relations with her.  
In August, 1919, Dame McCarthy was recalled  
to England, and soon thereafter she retired,

but a short time later she was appointed to  
fill the vacancy caused by the retirement of  
the former Matron-in-Chief of the Territorial  
Nursing Service, which position she now holds.

#### NAVY NURSE CORPS

*Transfers:* To Annapolis, Md., Elise Flippen  
and Janet C. McAdie; to Brooklyn, N. Y.,  
Grace L. Goodwin, Esther L. Klein, Ina B.  
Wilson; to Chelsea, Mass., Annie Bovaird,  
Lucy H. Russell; to League Island, Pa., Emily  
J. Cunningham, Thomasina Libbey, Eva B.  
Moss (Chief Nurse), Florence R. Partridge,  
Josephine A. Phelps, Caroline W. Spofford; to  
Mare Island, Calif., Rosa C. Wertz; to New  
London, Conn., Submarine Base, Inga J.  
Qually; to Newport, R. I., Nellie J. Macleod;  
to Pensacola, Fla., Eleanor B. O'Grady; to  
*U. S. S. Relief*, Carrie S. Albright, Kathryn  
M. Bonner.

*Resignations:* Christine J. Bourgeois, Pearl  
L. Christy, Ellen L. Penna, Helen M. Schuveil-  
ler, Mary R. Woods.

*Discharged from inactive status:* Elizabeth  
E. Buxton.

Recently the members of the Navy Nurse  
Corps have been issued a uniform outfit,  
which has given much pleasure to the nurses  
and will be of great material benefit. This  
uniform is issued to all nurses, Regular or Re-  
serve, after they have completed their first  
six months and have proved their aptitude and  
fitness for the Service. Reserve Nurses must,  
upon applying for the uniform outfit, give a  
written statement as to their intention of re-  
maining in the Corps for two years, or until  
the emergency no longer requires their services.  
The outfit consists of six white indoor uni-  
forms, made of light weight drill, a navy blue  
sweater of Spaulding make, a blue broadcloth  
cape lined with maroon, and two hats, a blue  
silk veleur and a white rough straw—Knox  
sailors. All chief nurses and all nurses on  
Hospital Ships are issued blue serge, and white  
drill outdoor uniforms; these with the capes  
conform in style with those of the commis-  
sioned officers of the United States Navy. The  
material in these uniforms is of a very high  
grade, and because of their most attractive  
style, they have been the subject of much  
agreeable comment by the nurses themselves  
as well as by all others who have seen them.

Upon leaving the Service, nurses are allowed to retain their uniforms.

#### THE PUBLIC HEALTH SERVICE NURSE CORPS

*Transfers:* To Boston, Mass., Esther Gibson; to Key West, Fla. Minnie L. Hayes; to Mobile, Ala., Alsie Chambless; to New Orleans, La., Georgiana Selby; to Pt. Townsend, Wash., Laura Zwanzig, Mary Williams.

*Reinstatements:* Mary Flynn, Mary McDonald, Margaret O'Gara.

It is with great regret that we report the death on February 27, 1924, of Alice Baird, Head Nurse at U. S. Marine Hospital No. 82, Norfolk, Va., from general peritonitis. Miss Baird had been with the Service since January, 1920, and had proven in many ways her value to the Service. Her death is a distinct loss both officially and personally.

LUCY MINNIGERODE,  
Supt. Nurses, U. S. P. H. S.

#### UNITED STATES VETERANS' BUREAU

*HOSPITAL SERVICE. Transfers:* Mata A. Schmidt, Lura M. Collins, Helen P. McCall, Edna Hill, to Whipple Barracks, Ariz.; Catherine Crew, C.N., Helen Waldron, Molly Hennessey, Abby L. Lee, Clara M. Spielman, to Bronx, New York; Sarah E. Albers, Mildred E. Furst, to Maywood, Ill.; Mrs. Katherine J. Kelly, Asst. C.N., to Walla Walla, Wash.; Josephine Segerson, to Camp Kearney, Calif.; Hildred Van Amburg, Telva T. Moore, Lucy Harmon, Martha Harmon, to Fort Bayard, N. M.

*Reinstatements:* Helen F. Addis, Minnie A. MacDonald, Eleanor Wilson, Mary E. Bowen, Margaret M. Roach, Daisy F. Meachan.

*DISTRICT MEDICAL SERVICE. Transfers:* Elizabeth Kolb, Rose E. Dunn, to Minneapolis, Minn.

*Reinstatements:* Elsie McI. Safford.

Mlle. Cazaly and Mlle. Guibaud, graduates of the Bordeaux School, who are working with the American Committee for Devastated France and who have been in this country for several months studying nursing methods, have visited the Presbyterian Hospital, New York City; Walter Reed Hospital, Washington, D. C.; Massachusetts General Hospital, Boston, Mass., and have had two months of

field work with the Visiting Nurse Association of New Haven, Conn. They rounded out their observation by a series of conferences at National Nursing Headquarters and sailed on March 22. They feel that the six months in this country has been most profitably spent.

*TEACHERS COLLEGE:* The Alumni Conference has been set for April 25 and 26. On April 24, the Department of Nursing Education will give a reception to Miss Goodrich, who resigned at the close of the year 1922-23 to become Dean of the School of Nursing at Yale University. A movement has been inaugurated to raise an "Annie Goodrich Fund" as a tribute to Miss Goodrich, the exact use of the fund to be determined by the size of the fund and by Miss Goodrich's wishes in the matter. Contributions to the fund are now being received and should be made payable to Helen Redfern, 106 Morningside Drive, New York City.

*THE HOSPITAL LIBRARY AND SERVICE BUREAU,* Chicago, of which Donelda R. Hamlin is director, has compiled a bibliography of National Hospital Day. This includes material of all kinds published in hospital and nursing journals, and a number of articles among other features. The National Hospital Day Committee, of which Matthew O. Foley, 537 South Dearborn Street, Chicago, is executive secretary, urges all hospitals to study this bibliography carefully, since many of the articles are illustrated and all of them contain ideas and suggestions suitable for a program for almost any institution.

*THE NATIONAL CONFERENCE OF SOCIAL WORK* will hold its 1924 meeting in Toronto, June 25-July 2. Nurses attending the convention in Detroit may plan to attend these meetings on their return trip.

*THE AMERICAN HOSPITAL ASSOCIATION* will meet in Buffalo, N. Y., at the 106th Armory, the week beginning October 6.

*THE NATIONAL TUBERCULOSIS ASSOCIATION* will hold its annual meeting in Atlanta, Ga., May 5-12.

#### INSTITUTES OR SUMMER COURSES

*California:* STANFORD UNIVERSITY.—June 24-July 30. Course for Administrators and Instructors in Schools of Nursing under the

direction of Maude Landis, Professor of Nursing, Stanford University and Laura R. Logan, Professor of Nursing and Health, University of Cincinnati. For information, address The Registrar, Stanford University, California.

**Minnesota: Minneapolis.**—UNIVERSITY OF MINNESOTA. *Week of May 19.* An institute for Instructors and Administrators in Schools of Nursing. For information, address Louise M. Powell, Millard Hall, State University, Minneapolis.

**New York: Albany.**—STATE EDUCATION BUILDING. *May 5-9.* An Institute held under the auspices of the Hudson Valley League of Nursing Education and the State Education Department. An excellent program is being prepared with special emphasis on Teaching of Practical Nursing. This should be of special interest and profit to teachers of this subject as well as to all others engaged in nursing education. In order to defray the expenses, a small fee of \$10 will be charged for the entire course. Programs will be issued by April 1. For information, address Room 442, State Education Department, Albany, N. Y.

**Oregon:** UNIVERSITY OF OREGON.—Course in General Public Health Nursing. This course is designed for nurses with public health nursing experience, and requires that all taking the course be registered, and have done some practical public health nursing. The course will last six weeks and will carry three credits. For information, address State Board of Health, Portland, Oregon.

**Pennsylvania: Philadelphia.** — THE PENNSYLVANIA SCHOOL OF SOCIAL AND HEALTH WORK. *July 7-August 16.* The following courses are offered: Public Health Nursing (24 hours), Public Hygiene and Sanitation (12 hours), Child Hygiene (12 hours), School Health Education (12 hours), Nutrition (12 hours), The Social Handicaps of Childhood (12 hours), Public Discussion and Public Speaking (24 hours). Each course of 12 hours constitutes a unit. The student may take the entire series or may elect separate courses. For information, address The Pennsylvania School of Social and Health Work, 339 South Broad Street, Philadelphia.

**Washington: Seattle.**—UNIVERSITY OF

WASHINGTON. *Week of July 7.* An Institute for Graduate Nurses. Instructors,—Edna L. Foley of Chicago, Carol Martin, formerly of Chicago; Elnora Thomson of San Francisco. These lectures will be supplemented with lectures by some of the regular faculty of the University. The subjects to be presented are: Nutrition, Sociology, and Heredity and Eugenics. There will also be time for round table discussions and conference periods with the instructors. It is the aim of the committee to make the program of interest to every nurse, whatever her field of endeavor may be. Tickets for the entire course, including incidental entertainment such as a banquet, will be sold for \$15 each. Graduate nurses regularly enrolled in the Department of Nursing for the summer quarter will be privileged to attend these lectures as a part of their course. For information, address Mrs. Elizabeth S. Soule, University of Washington, Seattle.

**Arizona:** THE ARIZONA STATE NURSES' ASSOCIATION will hold its annual meeting in Tucson, at St. Mary's Hospital, April 1.

**Arkansas:** THE ARKANSAS STATE BOARD OF NURSE EXAMINERS will hold its annual meeting in the Senate Chamber of the State Capitol in Little Rock, May 6-7, 1924, for the purpose of examining applicants. Applications must be made fifteen days before that date to the Secretary, Eva Atwood, St. John's Hospital, Ft. Smith, Arkansas.

**California: Camp Kearney.**—*The Optimist* for January 24 contains pungent comments on the Reclassification Bill. Disabled veterans of Lonnie Boyd Post 238, American Legion, have sent a strong protest to the President, believing that he will act upon his own publicly expressed opinion that "Veterans deserve the best."

**Colorado:** THE STATE BOARD OF NURSE EXAMINERS will hold an examination in Denver, May 20, 21, 22, 1924, to examine nurses for a license to work in Colorado. Apply to the Secretary, Louise Perrin, Capitol Building, Denver, Colorado. THE COLORADO STATE GRADUATE NURSES' ASSOCIATION held its twentieth annual meeting, and the State League held its sixth annual meeting in Colorado Springs, February 13, 14 and 15.



Through the courtesy of the Chamber of Commerce, all meetings of the associations were held in the Auditorium, a fine new building which is an ideal place for holding conventions. The associations were also indebted to the Chamber of Commerce for the assistance of their secretary, who gave her entire time to the nurses during the meetings. The Colorado Springs Registry Association was instrumental in the meeting being held in Colorado Springs and through their efforts the Convention was the most successful one in the history of the association. Over one hundred nurses attended the banquet at the Antlers Hotel on February 14. Place cards, favors and decorations were suggestive of Valentine's Day. All visiting nurses were guests at a delightful luncheon served at Elizabeth Inn, Friday noon. Several musical numbers added to the pleasure of all. Automobiles were provided each day to take the visiting nurses for rides over the city and to the near-by mountains. The fine weather made these trips most enjoyable. All papers read were most interesting and instructive. Frances Rule, Instructor of Nurses, St. Luke's Hospital, Denver, gave a splendid talk on Educational Problems. This talk brought forth much discussion and many went home with new ideas as to the kind of education that is most needed in the nursing profession. This discussion was led by Sister Maria Gerald, Glockner Sanitorium, Colorado Springs. Mrs. Mable Lee, Dean of Women, Colorado College, Colorado Springs, gave a very interesting talk on The Best Way to Teach Young Women To Accept Responsibility. The problem of Nursing Records was very ably presented by Mrs. Lafferty, Instructor, Minnequa Hospital, Pueblo. Father Higgins gave a talk in which all were interested on Nursing as a Profession. He gave many reasons why it depends on the nurse as to whether nursing is to be classed as a profession or as a labor. He stated that nurses as individuals are responsible for our rating. The Public Health Section gave the program on Friday morning. Lena Pecover told about Maternity and Infancy in Colorado under the Shepard-Towner Act. Miss Pecover is connected with the State Child Welfare Bureau. Jennie Walker, Denver, Tuberculosis Supervisor, gave a paper

on Growing Healthy Children. This was illustrated by slides showing the children before and after treatment given by the workers. The Progress charts were also shown. Charlotte Steinbach, teacher at the State Home for Mental Defectives, told of Mental Defectives as a Public Health Problem. Miss Steinbach told many things about these defectives which the members did not know and provided a display of work done by these charges. Matilda Harris, Red Cross Advisory Nurse for Colorado gave a paper on Health Education. Dr. G. O. Giese, Colorado Springs, gave a paper, The Nurse and Public Health. This was illustrated by slides. Colorado Springs has a Nutrition Camp for children who need special attention. Mrs. Wright, Board Member of the Colorado Springs V. N. A., gave a paper on The Work of the V. N. A. Mrs. Chas. Auld, president of the Colorado Springs Women's Club, told of Club Activities. Among other things she spoke of the Equal Rights Bill, which the Colorado clubs are not supporting. Dr. Etta Watters, Washington, D. C., Director of Hygiene, Maternity and Infancy, told about teaching the value of hygiene to mothers and how to take care of their children. Her work extends all over the United States. Helen Beckman, a student nurse, Glockner Sanitorium, Colorado Springs, gave a very interesting paper on, What the Association Should Mean to the Graduate. Instructive Round Tables were held by the Public Health Section, Private Duty Section and the League of Nursing Education which were also very interesting. In the discussions of the Advisory Council at the last annual meeting it was suggested that each hospital send a Senior nurse to each annual meeting, hoping to stimulate interest of the young graduate in organization work. It was very gratifying to note that nearly every school was represented. Most of the Alumnae Associations have started their classes in Parliamentary Law. Two delegates were elected to attend the National meeting at Detroit. The following officers were elected: President, Jessie D. Stewart; secretary, Mrs. May M. Carpenter; treasurer, Mrs. E. Livsey Maguiness. Matilda Harris is Chairman of Public Health Section and Ruth Grey, Chairman of Private Duty Section. The League of Nursing

Education elected Loretto Mulherin president and E. Luella Morrison, secretary-treasurer. **Colorado Springs.**—THE BETH-EL HOSPITAL ALUMNAE ASSOCIATION has the following officers: President, Mrs. George Bancroft; vice-president, Ivah Shellenburger; secretary and treasurer, Mary Stewart; corresponding secretary, Mrs. Milton J. Strong. Graduates of the hospital are reported as follows: Millicent Fuller, after taking a course in Deaconess training, is doing Settlement work in a mining community in West Virginia; Fannie Titsworth is a Red Cross Public Health nurse in Kinsley, Kas.; Freda Morris is doing similar work in Brooklyn, N. Y. **Denver.**—The general Education Board of the Rockefeller Foundation has announced a gift of \$180,000 to the University of Colorado to be applied to the equipment of the new Medical School and Hospital, and Mrs. Mary D. Reed of Denver, has given \$120,000. These gifts assure the completion of the plant now under construction and the inclusion of a well equipped Home for the School of Nursing.

**Connecticut:** THE CONNECTICUT LEAGUE OF NURSING EDUCATION held its annual meeting in connection with the other state organizations, in New Haven, January 23. Dr. W. C. Rappleye, Superintendent of the New Haven Hospital and Professor of Hospital Administration in the Yale University School of Nursing, gave the address of welcome. He spoke of the important part the nurse plays in the public health work, the awakening of the public to their responsibility to the nursing profession and the growing need for trained personnel. Nursing is at the threshold where medicine was fifteen years ago. We must look closely to medical education. One reason of failure would be the present tendency to split up into specialized groups. He spoke briefly of the work at the new Yale School of Nursing and paid a high tribute to Dean Goodrich and her staff and the nursing profession in general. Robina Stewart, Principal of the Hartford Training School, in her usual pleasing manner, responded for the League. The regular business was then taken up and the various reports given. One of special interest was that of the Educational Committee. During the year they presented to the League the educational equivalent of one year of

High School, which was adopted at the December meeting and recommended to the State Board of Examination and Registration for Nurses. The principal speaker for the morning session was Effie J. Taylor, Superintendent of Nurses, New Haven Hospital and Associate Professor, Yale School of Nursing. She spoke on Work at National Headquarters, giving very interesting information concerning the different activities at Headquarters, spoke of the importance of the Bureau of Information and said there should be such a bureau at every State Headquarters. At noon, luncheon was served at the Business and Professional Women's Club. In the afternoon after a brief business session and the president's annual address, Dr. Edwards A. Park, Professor of Pediatrics, Yale University School of Medicine, gave an address on Practical Observation concerning the Feeding of Infants, which was very interesting and instructive. Following was an address by Isabel M. Stewart, Associate Professor of Nursing and Health, Teachers College, Columbia University, on European Nursing Conditions. Miss Stewart gave interesting information concerning the nursing profession and hospitals abroad. At the close of the afternoon session tea was served by the Grace Hospital Alumnae Association. The evening session was a combined meeting of the three organizations. One feature of the convention very much enjoyed by all was the community singing. THE CONNECTICUT ORGANIZATION FOR PUBLIC HEALTH NURSING held its annual meeting in New Haven, January 25. The program included addresses by Dr. John L. Rice, Health Officer of New Haven; Janet Geister of the National Organization, and Alta E. Dines of the A. I. C. P., New York. The following officers were elected: President, Margaret Barret, New Haven; vice-presidents, Mabel Macdonnell, Stamford, and Abbie Gilbert, New Haven; secretary and treasurer, K. M. MacKenzie, Norwich. Councilors, Grace Merritt, Ruby Vose, Margaret K. Stack, Mildred Gray, Margaret Dornheim. **New Haven.**—AN INSTITUTE FOR PUBLIC HEALTH NURSING SUPERVISORS was held February 25-29 at the Visiting Nurse Association headquarters. Mrs. C. E. A. Winslow acted as hostess and Mary Grace Hills as chairman. The address

of welcome was given by Lillian E. Prudden, President of the Visiting Nurse Association. There were many interesting speakers and discussions, round tables were held and the Institute closed with an address by Professor C. E. A. Winslow, Department of Public Health, Yale University.

**Delaware:** THE DELAWARE STATE BOARD OF EXAMINERS OF NURSES will hold the next examination at the Delaware Hospital on Monday, June 2, beginning at 9 a. m. Refer all applications to Mary A. Moran, Secretary, 911 Delaware Avenue, Wilmington. At the recent meeting of the STATE ASSOCIATION, the following officers were elected: President, Mary A. Moran; vice-president, Amy E. Wood; secretary, Iona Ludwig, 122 East 43rd Street, Wilmington; treasurer, Eva B. Hayes.

**District of Columbia:** THE NURSES' EXAMINING BOARD of the District of Columbia will hold an examination for the registration of nurses on Wednesday, May 7, 1924. Applications may be obtained from Mary E. Graham, Secretary, 1337 K Street, N. W., Washington, D. C. Applications to be at this office not later than April 23, 1924. THE DISTRICT OF COLUMBIA LEAGUE OF NURSING EDUCATION met in the Nurses' Home at Garfield Hospital, February 28. Mrs. Mina Van Winkle addressed the meeting on the Women's Police Bureau and its relation to health and social work, giving an outline of the work that is being accomplished by this bureau, in Washington. The regular business of the meeting followed, after which a delightful luncheon was enjoyed. The Emergency Hospital has recently taken over the Casualty Hospital, including the Training School for Nurses; a campaign for funds to meet the urgent needs of these hospitals is being generously responded to by the citizens of the District.

**Georgia: Savannah.**—THE FOURTH DISTRICT ASSOCIATION recently gave a successful card party. The members are now planning a boat ride for the month of May.

**Hawaii:** THE NURSES' ASSOCIATION TERRITORY OF HAWAII held its annual meeting at the Colonial Hotel, Honolulu, January 7. The Secretary reported eighty-five members in good standing. Two deaths have occurred during 1923,—Mrs. E. C. Waterhouse, a char-

ter member, and Elda Culp. Educational and social activities planned for the coming months are: *March*, Dr. Larsen, The Newer Development of Laboratory Diagnosis in Blood Chemistry and Basal Metabolism; *April*, Carey B. Miller, Vitamin; *April 11*, Odd Fellows' Hall, Card Party for the benefit of Mrs. Pferdner, an ex-nurse, at Kings Daughters' Home; *May*, Mr. Baker, Illustrated lecture on Palmyra Island; *June 19*, Palama Settlement, Rummage Sale, to increase Margaret Jones Memorial Fund; *November 16*, Mah Jong and card party, home of Margaret Rasmussen, to increase American Nurses' Relief Fund. Janet Dewar represented the Nurses' Association at a meeting held by the Vigilance Committee, League of Women Voters, Territory of Hawaii, for the Protection of Women.

**Idaho:** THE IDAHO STATE ASSOCIATION OF GRADUATE NURSES held its annual meeting on March 4 in Boise. It was a very splendid meeting, the afternoon session being devoted to business. Several changes in the constitution and by-laws being under discussion, and the election of officers and delegates to the Biennial Convention, with the usual business of an annual meeting keeping everyone very busy. The association is growing in numbers (53 members in good standing at the present time), and the increase in interest is very apparent and most gratifying. There have been requests for information regarding the forming of two new district associations; one in Pocatello (southeastern Idaho), and one in Lewiston (northern Idaho); it is hoped that these districts will be organized within the year. Tea was served during a recess in the afternoon session. The following officers were elected: President, Mrs. Barbara Williams, St. Luke's Hospital, Boise; vice-presidents, Beatrice Reichert, Florence Anderson; secretary, Helen A. Smith, St. Luke's Hospital, Boise; treasurer, Mrs. Emma A. Meier. Beatrice Reichert was elected delegate to the Biennial Convention. Louise W. Gerrish, St. Luke's Hospital, Boise, has received the state appointment as Inspector of Training Schools. In the evening there was a banquet at the Commercial Club, with forty present. The Association invited as its guests the members of the Senior class of each training school in

Idaho, and thirteen students were able to accept the invitation. Marie T. Phelan, of the Children's Bureau, Washington, D. C., gave a most interesting talk on the work of the Bureau, and Janet Worden, the Jane Delano nurse recently appointed to this district, gave an outline of some of the things she hopes to accomplish. There were hospital executives and public health and child welfare nurses present from Pocatello, Idaho Falls, Twin Falls, Caldwell, Nampa and Boise, many of whom spoke briefly of the various phases of the work. The president made a short address, thanking her officers and committees for their support during the year, and urging each member to try to bring in at least one new member during the coming year.

**Illinois: Chicago.**—THE FIRST DISTRICT ASSOCIATION recently elected officers as follows: First vice-president, Harriet Fulmer; third vice-president, Florence Olmstead; secretary, Martha Gatzka. The president and treasurer remain the same as last year,—Nellie M. Crissy, Anna Willenborg. THE CENTRAL COUNCIL FOR NURSING EDUCATION held its fourth annual meeting at the Woman's Athletic Club, March 6. Addresses were given by Malcolm T. MacEachern, M.D., President American Hospital Association, and by Sophonisba P. Breckenridge, University of Chicago. THE CHICAGO TUBERCULOSIS INSTITUTE is offering a health book as a prize to any school in Cook County, outside of Chicago, that reports 100 per cent vaccination. There have been some cases of smallpox in Cook County and vicinity, and all public health officers are strongly emphasizing the vaccination campaign. The Chicago Tuberculosis Institute nurses have helped recently with hundreds of vaccinations and report a very high percentage of success. THE ILLINOIS TRAINING SCHOOL ALUMNAE ASSOCIATION held its annual meeting on January 8 and elected: Vice-presidents, Louise Hostman, Mrs. C. D. Westcott; recording secretary, Ethel Christie; treasurer, Jessie Christie. Gratitude was expressed to Mrs. C. D. Westcott for her faithful work as treasurer for twelve years. At the February meeting, a play, *The Seven Keys*, was given by a group of school children under the direction of

Frances Cook of the Tuberculosis Association. Ruth Wendell told of her trip to Labrador. **Jacksonville.**—DISTRICT 13 held its regular meeting in the Chapel at the State School for the Deaf. The principal address was by Col. O. C. Smith, Supervising Officer, who gave a brief resumé on *The Education of Deaf Children*. The members and guests then visited the School, including the Vocational Department and the Hospital. With the conclusion of this itinerary and the close of the regular business session, the Association was entertained by music and a social hour. Fifty members were present with a good representation from Decatur, Shelbyville and Springfield. **Macomb.**—THE EIGHTH DISTRICT held a meeting on February 12, in the Commercial Club rooms. There were twenty in attendance. Dr. Mildred Van Cleve gave a very interesting and instructive lecture on Goiter. After the business was transacted a plate-lunch was much enjoyed. **Peoria.**—THE SEVENTH DISTRICT held its annual meeting on February 1, with a luncheon. Officers were elected at the business meeting following, and addresses were given by Mabel Dunlop, President of the State Association, on *The Nightingale Pledge*, and by Dr. George Palmer, on *Tuberculosis*.

**Indiana: Indianapolis.**—THE ALUMNAE OF THE DR. W. B. FLETCHER TRAINING SCHOOL met on February 16 and elected: President, Bessie Leswing; vice-president, Hazel Hancock; secretary, Katherine Donnelly; treasurer, Gladys McNinch. **Muncie.**—THE FIRST DISTRICT held its twenty-fourth regular meeting at the Home Hospital, on March 8. Hannah Stevens gave a very interesting talk on *Insulin Treatment of Diabetes*. Ruth Dean read a paper on *The Relation of the Hospital to the Community*. The next meeting will be held at St. Joseph's Hospital, Fort Wayne, on May 10.

**Iowa: Council Bluffs.**—THE DIRECTORS OF DISTRICT 9 met with the Secretary, Helen Minear Price, February 27. Committees were arranged and appointed. **Des Moines.**—THE SEVENTH DISTRICT at its March meeting had a dinner followed by a business meeting conducted by the new President, Dora Bunch. In the program that followed, the development of nursing from the very earliest times



and the heritage of the present day nurse were vividly portrayed when nurses impersonating characters well known in nursing history were presented, Anna Drake and Ruth Green, executive secretary of the County Red Cross, acting as pages. The modest but self contained Phoebe whom St. Paul admonished the Romans to receive and to assist, the Roman Matron, the Sister of Mercy, Elizabeth, Queen of Hungary, the Deaconess of Kaiserswerth, Florence Nightingale, Linda Richards, the modern trained nurse, and the Red Cross nurse were each enthusiastically received. After this impressive presentation various phases of Red Cross nursing were discussed by Mrs. A. H. Marshall, Estella Van Horn, and Lucy McMichel. Miss Price told of the required qualifications for Red Cross nurses and enrollment in the Red Cross service was urged. At the next meeting the program will be provided by the Des Moines School nurses.

**Kansas:** THE KANSAS STATE BOARD FOR EXAMINATION AND REGISTRATION OF NURSES will hold an examination for state registration May 27 and 28, 1924, at the State House, Topeka. Applications for this examination should be made at least two weeks before the examination to M. Helena Hailey, Secretary, 961 Brooks Avenue, Topeka.

**Kentucky:** THE KENTUCKY STATE BOARD OF NURSE EXAMINERS will hold an examination in Frankfort, State Capitol Building, May 20-21, 1924. Applications and information may be procured from the secretary, Flora E. Keen, 115 N. Main Street, Somerset, Ky.

**Louisiana:** THE LOUISIANA STATE NURSES' ASSOCIATION met at the Hotel Roosevelt, New Orleans, February 28 and 29. About three hundred were in attendance. Because of the illness of the President, Mrs. Breaux, the address of welcome was given by Minnie Mimms; the response was made by Emma Perry. The first day's program included a talk on Cancer by C. Jeff Miller, M.D.; one on Legislative matters by J. T. Crebbin, M.D.; Experiences of a Student Nurse by Mrs. R. W. O'Donnell; one by Dora Barnes, on Public Health Nursing; and one by Marie T. Phelan of the Children's Bureau. On the second day, Dr. Davis Fishman spoke on The Mission of the Public Health Nurse;

Dr. I. Lemann on Insulin; Elizabeth Howell on Rural Nursing. A luncheon and an automobile ride were enjoyed. It was decided to change the time of annual meeting to October. Officers elected are: President, Mrs. Lydia Breaux; vice-presidents, Maude Mimms and Melissa de Laughter; secretary, Mrs. Clara McDonald; treasurer, Mrs. Caroline Elliott. **New Orleans.**—THE ORLEANS DISTRICT held its quarterly meeting, January 31, at the Elks' Home. Officers elected are: President, Helen Manffrey; secretary, Ethel Darrington Hariss; treasurer, Martha McKendrick. The vacancies on the Board of the Central Directory were filled by Celeste Janvier, M. P. Little, and Juanita Bahyi.

**Maryland:** THE MARYLAND STATE NURSES' ASSOCIATION held its twenty-first annual meeting in Baltimore, January 10 and 11, in joint session with the Maryland State League of Nursing Education and the Maryland State Public Health Nurses' Association. The business session of the State Association was held in Osler Hall Thursday morning, and was opened with prayer by the Rev. Romilly F. Humphries, D.D., Archdeacon of Baltimore. Reports were read by the presidents of the Maryland State Board of Examiners of Nurses and of the Central Directory of Registered Nurses, Inc. Treasurer's report showed that the increase in dues to the American Nurses' Association for 1923 had been met, without asking for increase of dues from the Alumnae Association or the individual members. The meeting of the Maryland State Public Health Nurses' Association was held in Osler Hall, on Thursday, at 3 p. m., and after a short business session Dr. John F. Hogan, Director Communicable Disease Bureau, Baltimore Health Department, gave a most interesting address on Leprosy and with the aid of lantern and microscopical slides impressed upon the nurses that much is being done for this unfortunate class of patients. Officers for 1924 of the State Public Health Nurses' Association were elected at this session as follows: President, Marie Dandridge; vice-presidents, Lillian McDaniel, Etta Pascault; secretary, Constance Jacobs; treasurer, Mrs. Anne Wright; Board, Jane Newman, Ellen Hellier, M. Evelyn Walker, Mildred Baer, Erma Hoshall. The social feature of the



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meeting consisted of supper served at 6:30 p. m., that same afternoon, followed by community singing led by Fisher's Orchestra. This social hour has been a great help in bringing the younger nurses in closer touch with the work of the State Organization and there is an increased attendance each year. The public meeting on Thursday evening called the largest attendance at any time during the sessions. Mary M. Riddle of Boston was the speaker and in her address, Nurses' Responsibilities to Nursing Organizations, brought home to each nurse the advantages and privileges awaiting her as a member of her Alumnae, State and National Associations. Miss Riddle was the guest of the Association for the two days' session and was most helpful to the nurses of Maryland, for which they are deeply grateful. On Friday morning, a meeting was held at the Union Memorial Hospital, under the auspices of the State League and after a short business session, the nurses were invited to inspect this modern, up-to-date hospital, opened last fall. Members are indebted to Miss Ball and Miss Snow for making the arrangements to have the nurses shown over the hospital in such a satisfactory way. State League officers for 1924 elected at this session were as follows: President, Hester K. Frederick, Johns Hopkins Hospital; vice-president, Frances M. Branley, St. Joseph's Hospital; secretary, Edna S. Calvert, Woman's Hospital; treasurer, Mary A. Hammar, Woman's Hospital; Executive Committee, Maude Gardner, Jane E. Nash, Sister Anna. The session on Friday afternoon was a business meeting of the State Association and the following officers were elected to serve for 1924: President, Elsie M. Lawler; vice-presidents, Charlotte M. Snow, Harriet Fort; secretary, Sarah F. Martin; treasurer, Mrs. Isabelle Griffith Fleck; directors, Sara Maynard, Martha E. Friend. The Board also includes Jane B. Newman, Annie Crighton, Laurinne Stevens, Jane E. Nash. Hazel Wedgwood, Chief Nurse, Bureau of Child Hygiene, was one of the speakers at this session. Her subject was, Progress of the Work of the Maryland Bureau of Child Hygiene. Miss Wedgwood said that more than 12,000 people had been reached in the State through the 180 addresses that had been given on the work

of the Bureau. She also spoke of the health-mobile used last summer, in carrying the message of health to perhaps 1000 children who were examined by the doctors and nurses connected with the Bureau. Mrs. Raymond Hawss, Secretary of the Consumers' League, spoke about the Child Labor Problem in Maryland. At the close of these addresses the film *Well Born* was shown. This film is the latest pre-natal film produced by the Children's Bureau, Washington, D. C., and it carries a message to every mother and father whether they live in the city or the country. Miss Wedgwood stated that it would be used by the Bureau in its work throughout the counties. The closing meeting was held at the Johns Hopkins Hospital on Friday evening and was largely attended. A series of tableaux was arranged under the title "Time and Times," and "Father Time" himself displayed the scenes which depicted some of the outstanding periods and characters of the nursing world from ancient to modern times. The program was as follows: 1, The Herb Gatherer—Ancient; 2, Nurse and Patient—Egyptian; 3, Mme. de Chantel of Dijon—French, 1625; 4, Friedricke Fliehn—German, 1838; 5, Sairey Gamp—(All of the above being reproduced from illustrations in *The History of Nursing*,—Nutting and Dock); 6, Florence Nightingale (posed as the familiar statue, "The Lady of the Lamp"); 7, The Nurse, Isabel Hampton (as illustrated in *Century Magazine*, 1882); 8, A member of the first and last classes of the University of Maryland School for Nurses; 9, A member of the first and last classes of the Johns Hopkins Hospital School for Nurses. (Both of No. 8 and No. 9 posed by original members); 10, Medieval and Modern Isolation Attendants in Costume; 11, The Red Cross Nurse; 12, The Public Health Nurse. (Both No. 11 and No. 12 reproduced from familiar posters.) The pictures were posed by student and graduate nurses from several different schools, and explanatory abstracts and poems were read as each tableau was shown. The Nightingale hymn and appropriate songs were sung during the evening by about eighty members of the preparatory class of the Johns Hopkins School, who made an attractive picture in their fresh pink uniforms; much enthusiasm was

expressed by the audience. **THE MARYLAND STATE BOARD OF EXAMINERS OF NURSES** will hold an examination for State Registration, May 13, 14, 15, 16. All applications must be filed not later than April 19 with the Secretary, Mary Cary Packard, 1211 Cathedral Street, Baltimore. **Baltimore.**—**THE JOHNS HOPKINS SCHOOL OF NURSING ENDOWMENT FUND** now stands \$75,658. Ophelia Sawtell, class of 1917, is instructor in the Training School for Nurses at Saranac Lake, N. Y. Elizabeth Smellie, class of 1909, has been appointed Chief Superintendent of the Victorian Order of Nurses of Canada.

**Massachusetts:** **THE BOARD OF REGISTRATION OF NURSES** will hold an examination April 8 and 9. Application must be filed seven days before the examination date. Charles E. Prior, M.D., Secretary, State House, Boston. **Boston.**—**THE NORFOLK AND SUFFOLK COUNTY BRANCHES** held a meeting on March 27; Dr. Elliott P. Joslin spoke on Insulin. The April meeting will be held on the 24th at the Central Directory, when Dr. Walter E. Fernald will speak on The Care of the Mentally Deficient. **THE BOSTON CITY HOSPITAL ALUMNAE** heard an address at their meeting, March 4, on Is Psychology Necessary for Nurses, by Rev. James F. Mellyn. **Boston.** At the meeting held on April 1, the subject was Cancer Research, by Anna L. Gibson. **THE MASSACHUSETTS HOMEOPATHIC HOSPITAL ALUMNAE** met on March 3 and heard an address on The Red Cross Nursing Service by Mary K. Nelson. **Springfield.**—**THE ALUMNAE OF MERCY HOSPITAL** held a dance at Hotel Kimball on February 8 which was much enjoyed. **THE WESSON MEMORIAL HOSPITAL ALUMNAE** gave a dance at Hotel Kimball on February 25 for the benefit of their Free Bed Fund. **Worcester.**—**THE WORCESTER STATE HOSPITAL ALUMNAE** met at Hale House January 8 and elected: President, Olive F. Estey; vice-president, Ethel Oliver; secretary, Elizabeth Brown; treasurer, Clara Hardy; councilor, Grace Rielly. Chairman of committees are: Visiting, Winifred Erickson; Program, Elizabeth Brown; Nominating, Kathrine Fitch. A social hour followed.

**Michigan:** **THE MICHIGAN STATE LEAGUE OF NURSING EDUCATION** held its annual meeting in Flint, February 13-15. There were 51

members in attendance and 93 visitors. The nurses of all the State of Michigan were invited as visitors this year. The officers elected for the ensuing year are: President, Mrs. Mary S. Foy, Battle Creek Sanitarium, Battle Creek; vice-president, Alice Lake, University of Michigan Hospital, Ann Arbor; secretary, Helen M. Pollock, Hurley Hospital, Flint; treasurer, Annie Coleman, 501 Washington Apt., South Washington Ave., Lansing; Chairman Credential Committee, Margaret Rogers, Children's Hospital, Detroit. **Battle Creek.**—**THE THIRD DISTRICT ASSOCIATION** held its annual meeting, January 17, at Nichols Hospital; the following officers were elected: President, L. Winifred Seckinger; vice-presidents, Mrs. Elizabeth Nichols, Nietta King; secretary, Mrs. Edythe Merritt; assistant secretary, Virginia Dryden; treasurer, Aline Sleeper; directors, Mrs. Mary Foy, Mrs. Effie Tyrell, Mrs. Gertrude Pulling. Mrs. Effie Tyrell, retiring president, read an interesting report of the work showing that much had been accomplished during the year. Dr. Caroline Bartlett Crane of Kalamazoo was the speaker for the afternoon and gave an inspiring talk on Alice's Houses. After the meeting a luncheon was served by Nichols Hospital Alumnae. **Detroit.**—Two interesting buildings are under erection at the Ford Hospital in preparation for the school of nursing which will be opened in the autumn. The Clara Ford Nurses' Home is planned for 325 students and will have many unique features. Every student will have a single room and bath. The School of Nursing and Hygiene building will contain class rooms, laboratories, a swimming pool, hand-ball courts and an auditorium-gymnasium. Officers of the **LOCAL LEAGUE OF NURSING EDUCATION**, elected March 7, are: President, Mrs. Louise E. Feist, Children's Hospital; vice-president, Kate Wallace, Detroit Tuberculosis Sanitarium; secretary, Helen B. North, Harper Hospital; treasurer, Ada M. Sweet, Woman's Hospital. Officers of the **FIRST DISTRICT ASSOCIATION** are: President, Katherine Kimmick; vice-presidents, Golda St. Leon, Grace Ross; secretary, Abbie Bayne; treasurer, Ethel Jardine. Directors, Adah Sweet, O. West, Edith C. Wright, Mrs. L. E. Gretter, Rosella Maynes, L. B. Durkee, Theresa Martin, M. J. Dorey. Chairman

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Public Health Section, Elfreda Brugger; Chairman of Private Duty Section, Mrs. Marian Paddock. The Farrand Training School Alumnae has elected President, Mary J. Dorey; vice-presidents, Mary E. Smith, Helen McDonald; recording secretary, Ruth Knapp; corresponding secretary, Ethel Henry; treasurer, M. M. Kirkpatrick. **Ishpeming.**—DISTRICT 14 held its January meeting at the Ishpeming Hospital. The large attendance showed appreciation of the hospitality of the Superintendent, Victoria White. The Program Committee was fortunate in securing Dr. Harte of the Hospital staff to lecture on Insulin. **Marquette.**—DISTRICT 14 held the February meeting at St. Luke's Hospital. Mrs. A. L. Johnson, County Red Cross Nurse, gave reports of 1923 on the successful work accomplished in her department. When one thinks of the cold winters and long distance between towns our nurses should be complimented on their large attendance. The ST. LUKE'S ALUMNAE ASSOCIATION and student nurses of the hospital held a successful pantry sale, February 16. Proceeds to go to the Biennial Fund.

**Minnesota:** THE MINNESOTA STATE BOARD OF EXAMINERS OF NURSES will hold an examination for registration at 9 a. m., April 24, 25, and 26, 1924, at three places,—New State Capitol, St. Paul; St. Mary's Hospital, Rochester; Administration Building, Dept. of Education, 220 North First Avenue, East, Duluth. Nurses who complete their course on or before July 1, 1924, may take the examination. Applications must be in the hands of the Secretary, Dora M. Cornelisen, Old State Capitol, St. Paul, two weeks before the date of examination. Money order for \$15, registration fee, must accompany the application. **Minneapolis.**—ST. MARY'S ALUMNAE elected officers as follows: President, Agnes Krinbring; secretary, Ellen Connor; treasurer, Prudence Vergote. **Red Wing.**—Sr. JOHN'S ALUMNAE held their annual meeting on March 3 at the home of Mrs. Arthur A. Johnson, and elected; President, Olive Bollum; vice-president, Mrs. Mayme J. Risse; secretary and treasurer, Marie Gihlstrorf. Chairman of committees are: Relief Fund and Sick, Anna Jenson; Program, Mrs. Bernie Johnson; Nominating, Alice Evans; Flower, Mrs. Ed-

win Sandberg. It was decided to give \$10 to German children, and to set aside \$50 toward a rest room in the hospital for special nurses. A bazaar will be held in April. **St. Paul.**—THE MOUNDS PARK HOSPITAL ALUMNAE at their annual meeting elected the following officers: President, Anna Friedsburg; vice-president, Mrs. E. J. Engburg; secretary, Olga Bergstrom; treasurer, Esther Larson. Augusta Parchman is night supervisor at the Midway Hospital; Gertrude Johnson has joined the U. S. Public Health Service Nurse Corps and is stationed at Maywood, Ill.; Lillian Bolvig is superintendent of Merriam Park Hospital. St. Luke's Alumnae have elected: President, Mae Leeds; secretary, Mabel Baer; treasurer, Frances Grininger.

**Mississippi:** THE PUBLIC HEALTH NURSES OF MISSISSIPPI held a meeting in Jackson, February 25-28 which proved of great value,—a short postgraduate course of intensive training. One day was spent in a conference conducted by Dr. Hardie R. Hays, Director, Bureau of Venereal Diseases, relative to venereal disease control. Dr. A. K. Barrier, County Health Officer of Sharkey County, gave an interesting description of his county and the work. Dr. Hays gave some most instructive talks with practical demonstrations. Marie T. Phelan of the Children's Bureau discussed the development of maternal and infant hygiene work in county nursing programs. Dr. W. S. Leathers, Executive Officer of the State Board of Health, addressed the meeting on the morning of the second day. Dr. Noel C. Womack spoke on the pre-school child. Dr. G. W. F. Rembert gave a practical demonstration on urinalysis and the significance of findings in pregnancy, also demonstrations in blood pressure readings. Dr. R. N. Whitfield of the Bureau of Vital Statistics talked on Birth Registration. Dr. C. M. Shipp, epidemiologist of the State Board of Health spoke on malaria control. Addresses and demonstrations were given by Mrs. Mary L. Gregory of Washington County, Carrie B. Clark of Jackson County, Helen T. Regan, District 2, Violet Crook of District 1, and Bowden Hudson, Supervisor of Mouth Hygiene, State Board of Health. Miss Crook's demonstration in which the audience of nurses played the part of the class of midwives to whom she gave

lectures, as she would to midwives, and in which the midwives sang songs and conversed in the pure negro dialect was not only amusing and entertaining, but highly instructive, in that the questions propounded by the midwives brought out clearly the stupendous task which confronts those nurses who are training them. The nurses convened in the office of the Bureau of Child Welfare and Public Health Nursing on February 28, where a round table discussion was held relative to equipment, supplies, records, reports, and practical details of the work. On Tuesday evening, the nurses were the guests of the Mississippi Welfare Association at dinner at the Mecca. Dr. Felix J. Underwood, vice-president of the Mississippi Welfare Association, acted as toastmaster and several of the members and guests responded to toasts. Dr. John L. Sutton, Superintendent of the Mississippi Children's Home Finding Society, discussed the Society's program and made helpful suggestions to the nurses with reference to their coöperation in the work. Dr. J. R. Carter also spoke. The nurses were invited to visit the State Tuberculosis Sanatorium on the afternoon of the 28th. Mary D. Osborne, Supervisor of Nurses and Maternal and Infant Hygiene, who arranged the program was well pleased with the attendance and the interest shown. Dr. Felix J. Underwood, Director, Bureau of Child Welfare and Public Health Nursing presided over the meetings and feels that Mississippi has good reason to be proud of her public health nurses.

**Missouri:** THE MISSOURI STATE BOARD OF NURSE EXAMINERS will hold an examination in Kansas City and St. Louis, May 5 and 6. Janett Flanagan, Secretary, 620 Chemical Building, St. Louis. **Kansas City:**—Mae Busch, class of 1915, Grace Hospital, has been in India for the past three years and is proving very successful in her work as a missionary. **St. Louis:**—ST. LOUIS NURSES enjoyed meeting Anna C. Maxwell the evening of March 5 at the Central Club. Grace Lieurance of St. Luke's Hospital was hostess.

**Montana:** **Glasgow:**—THE FRANCES MAHON DEACONESS HOSPITAL, with a capacity of thirty beds, serves northwestern Montana between Havre and Williston, North Dakota, also territory to the north and south. There

are eight student nurses. Agnes M. Johnson is Superintendent.

**Nebraska:** **McCook:**—ST. CATHERINE OF SIENNA HOSPITAL has been accredited and is prepared to receive students who meet its requirements. The staff has been organized for more efficient work. Sister Mary Pius, Sister Mary Zita and Sister Odilla are on the Executive Committee. **Omaha:**—THE OMAHA LEAGUE OF NURSING EDUCATION held its regular meeting January 26 at the Nebraska Methodist Hospital. Dr. Cutter, Dean of Nebraska University School of Medicine, gave a most interesting talk about hospitals in England and Scotland. DISTRICT 2 held its annual meeting January 31. The following officers were elected: President, Florence McCabe; vice-presidents, Leita Holdrege, Abolone Winthers; secretary, Emma Holmgren; treasurer, Grace Pinkney; directors, Charlotte Burgess, Laura Allen. THE NICHOLAS SENN HOSPITAL ALUMNAE held their annual meeting January 14, in the Nurses' Home of the hospital. A business meeting was held at which the officers for the year were elected. \$25 was contributed by the Alumnae to the Nurses' Relief Fund and \$25 was donated by Dr. A. P. Condon for Nicholas Senn Hospital student nurses for the Relief Fund. Following the meeting, a banquet was given in the nurses dining room which was attended by forty members of the Alumnae. A most enjoyable evening was spent.

**New Jersey:** One of the most interesting and profitable nurses' conferences of the year is promised by the NEW JERSEY STATE NURSES' ASSOCIATION for its twenty-second annual meeting, to be held in the Municipal Building, Plainfield, on Friday, April 4. An excellent program has been planned, and the regular session will be followed in the evening by a banquet at Sheridan's Restaurant, 245 West Front Street, in which the State Association will be joined by the New Jersey State League of Nursing Education and the New Jersey Public Health Nurses' Organization. On the following morning, Saturday, April 5, the Public Health Nurses will hold their business session, and in the afternoon there will be a joint meeting of all three organizations, with addresses by prominent speakers. This will



therefore be an unusual opportunity for the nurses of the state to meet their fellow-workers, and to broaden their horizon by getting a new view of the constantly widening nursing field. Reservations for rooms should be made at the Queen City and Park Hotels. Single rooms with bath will be \$3 per day; without bath, \$2 and up. **Newark.**—DISTRICT 1 held its annual meeting on January 28 at the Homeopathic Hospital of Essex County. Officers elected are: President, Margaret Bennett; vice-president, Mrs. George Varley; secretary, Florence Grove; treasurer, Elizabeth Wilson; directors, Ida Stitt, A. R. Crech, E. Slorah. The Association met on March 11 at St. Mary's Hospital, Orange, when Mary M. Roberts gave a splendid address on the *Journal*. Miss Deans and Miss Ehrenfeld of Headquarters were also present. THE HOMEOPATHIC HOSPITAL ALUMNAE have elected officers for the year: President, Carrie Harrison; vice-president, Mrs. Queenie Roberts; secretary, Emilie Willms; corresponding secretary, Bertha Jones; treasurer, Margaret Durie. THE NEWARK CITY HOSPITAL ALUMNAE held its annual meeting on February 26, and elected: President, Florence E. Grove; vice-presidents, Sara Van Gelder, Mary Nagle; secretary, Esther Larner; treasurer, Alina Gordon. **Orange.**—A meeting of the GRADUATE NURSES OF THE ORANGE MEMORIAL HOSPITAL is under consideration. All nurses graduated from that school are asked to send their correct addresses to Helen M. Stewart, 39 Valley Way, West Orange, N. J., by April 8, 1924. **Trenton.**—THE THIRD DISTRICT ASSOCIATION held a meeting on March 6 in the City Hall. Virginia Chetwood was the guest and gave a very interesting talk. She spoke of the necessity of increasing the Relief Fund and of the good being done by it.

**New York: Albany.**—ST. PETER'S ALUMNAE ASSOCIATION has elected officers for the present year: President, Helen Murphy; vice-president, Mary Dempsey; secretary, Mary E. DeVillars; treasurer, Mary Hickey. **Auburn.**—THE AUBURN CITY HOSPITAL ALUMNAE ASSOCIATION held its annual meeting on January 25 and elected: President, Mrs. Chas. Whipple; vice-presidents, Frances Jacobs, Jessie Bolenius; secretary, Martha Phillips; treasurer,

Adeline Lauer. At the meeting held February 29, it was decided to cooperate with the other alumnae associations of the District in entertaining the State convention. **Brooklyn.**—THE ALUMNAE ASSOCIATION OF THE NORWEGIAN LUTHERAN DEACONESSES' HOME AND HOSPITAL held its annual meeting in February and elected the following officers: President, Alette Berge; vice-presidents, Josephine Tellefsen, Kristi Offerdahl; secretary, Sr. Mathilde Gradvohl; treasurer, Helvig Larsen. The Alumnae commemorated the hospital's fortieth anniversary by signing their Articles of Incorporation. Other Alumnae activities have shown marked progress. **Elmira.**—February 1 was moving-up day at the ARNOT OGDEN MEMORIAL HOSPITAL. With appropriate exercises, twenty probationers were given their caps by the president of the Senior class. An address was given by M. Emily McCreight, Superintendent of the Hospital, dwelling principally on the advantages of a training school and the opportunities offered to the present-day registered nurse. The members of the Senior class served refreshments to about 75 friends and relatives of the new class. THE ARNOT OGDEN MEMORIAL HOSPITAL ALUMNAE ASSOCIATION held its meeting March 5 in the Nurses' Home. Anna Stuart, M.D., gave a talk on the treatment of diabetes with Insulin. A social hour followed. Helen Linburger, B.S., who for the past two years has been dietitian and instructor in dietetics in the Hospital has resigned to accept a position in the Flushing Hospital, Flushing, L. I. Sibyl Jones, former supervisor in the Hospital has accepted a position as supervisor in the Montefiore Hospital, New York City. **New York City.**—NEW YORK COUNTIES REGISTERED NURSES' ASSOCIATION held its annual meeting on March 4 and elected: President, Beatrice Bamber; vice-president, Elizabeth C. Burgess; recording secretary, Mary Rust; corresponding secretary, Annie McDougall, 418 East 51st Street, New York City; director, Elizabeth Brackett. THE NEW YORK INDUSTRIAL NURSES' CLUB at the February meeting, held on the 14th, had the usual dinner and short business meeting and then the members were addressed by Dr. Bessie B. Wolbarst, of the American Social Hygiene Association, on Sex Hygiene in Industry. THE ALUMNAE OF



ST. MARY'S FREE HOSPITAL FOR CHILDREN held a Benefit Theater Party January 28. Financially and socially the party was a success. Delia G. Dowling has resigned the position of Superintendent of Nurses at the Fifth Avenue Hospital which opened about two years ago and which is an amalgamation of the Hahnemann and Laura Franklin Hospitals. Miss Dowling was for many years Superintendent of Nurses at Hahnemann and saw the school through the difficult period of readjustment and establishment in the new hospital. MOUNT SINAI SCHOOL OF NURSING held commencement exercises for a class of seventy-five on March 20 in the Blumenthal Auditorium. Carolyn C. Van Blarcom has accepted an invitation to address the third English Speaking Conference on Infant Welfare which meets in London, Eng., July 1-5. Her subject will be Available Measures for Securing Healthy Pregnancies and Safe Deliveries in the United States. *M. T. S. Anesthesia* is the clever little mimeographed weekly published by the Mills School for Men Nurses at Bellevue. References to the Student Council and the activities of the school raise a question as to why so dynamic a publication should be called *Anesthesia*. ST. LUKE'S ALUMNAE are reported as follows: Christine M. Nuno has been made Chief Nurse of the Near East Relief; she is stationed at Athens. Helen Thirrott, class of 1923, has accepted a position at the Cornell Infirmary, Ithaca. **Poughkeepsie.**—THE VASSAR BROTHERS HOSPITAL ALUMNAE met on March 5 and heard Agnes Deans, secretary of the American Nurses' Association, speak on The Advantages of Belonging to Your Alumnae. It was voted to revise the constitution and by-laws according to Miss Deans' suggestions. It was decided to send a yearly subscription to the *Journal* to the chairman of the Literary and Program Committee. A social hour followed. **Rochester.**—THE GENESSEE VALLEY NURSES' ASSOCIATION met on the evening of March 6 in the new Nurses' Home of St. Mary's Hospital. After the business meeting, an interesting one-act play was given by alumnae and students of the hospital. The guests were shown the beautiful and convenient Home. **Saranac Lake.**—THE GRADUATE NURSES' ASSOCIATION held its regular meeting

on March 4 at the home of Bertha Pickett. The Nominating Committee was appointed with Mrs. E. W. Drews as chairman. It was decided to give \$10 to the upkeep fund of the Saranac Lake Day Nursery. **Troy.**—Eliza P. Reid, who has been Instructor in joint nursing courses in both Rochester and Utica, has been appointed Superintendent of Nurses, Samaritan Hospital. **Utica.**—Senior nurses from the four training schools are meeting once a week for a course in Professional Problems arranged by Mary E. Morris of the Utica Homeopathic Hospital. Such topics as Banking, Legal Problems, Social and Civic Status, the Value of Good Reading, Mental Hygiene, Training of the Voice, and Recreation, have been discussed by well qualified speakers. **White Plains.**—THE BURKE FOUNDATION is establishing separate sections for pay convalescence for both men and women. This will meet the insistent demand for care of patients after the acute stage of illness has passed.

**North Carolina:** THE NORTH CAROLINA STATE NURSES' ASSOCIATION will convene in Winston-Salem, May 27-29, with headquarters at the Robert E. Lee Hotel. THE BOARD OF NURSE EXAMINERS will meet in Raleigh the preceding week. Publication of The History of Nursing in North Carolina, which is being prepared by Mary L. Wyche, will be delayed until late summer or early fall. **Asheville.**—Four alumnae associations, those of Biltmore, Mission, Merriwether and Rutherfordton sent their annual reports to District 1 for the February meeting. Biltmore has the largest active membership.

**North Dakota:** THE NORTH DAKOTA STATE NURSES' ASSOCIATION will hold its twelfth annual meeting at Jamestown, April 23-25. The State League will meet at the same time. Louise M. Powell of Minneapolis is the speaker. All nurses in the state are urged to attend. The next EXAMINATION FOR CERTIFICATE OF REGISTERED NURSE will be held in Fargo, April 22 and 23, 1924. For further information address Ethel Stanford, Secretary, 703 Fourth Street South, Fargo.

**Ohio:** THE OHIO STATE ASSOCIATION OF GRADUATE NURSES will hold its annual meeting in Columbus, April 15-17, at Memorial

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Hall. Hotels suggested are the Seneca, Deshler, Chittenden, Southern, and Virginia. A most interesting program has been prepared covering all branches of nursing. **Mansfield.**—Helen F. Boyd, Director of Nursing, Child Health Demonstration, has resigned. She is succeeded by Frances Cleave.

**Oklahoma:** THE OKLAHOMA STATE BOARD OF NURSE EXAMINERS will hold the mid-year examination, June 4 and 5, at the State Capitol, Oklahoma City. Bess Ross, Secretary, U. S. Veterans' Hospital, Muskogee, Okla.

**Oregon: Portland.**—THE OREGON ORGANIZATION FOR PUBLIC HEALTH NURSING held its annual meeting on February 27 at the Central Library. Some of the subjects discussed were: Incidents of Heart Defects in School Children, Dr. T. Homer Coffen; Evaluation of Public Health Nursing, Mozelle Hair; (a) Physical Defects and Retardation, Margery Mulheron, Bertha G. Wilson; (b) Infant Clinics, Elizabeth Campbell, Lillie Helgeland; (c) General Nursing, Charlotte Beckett, Lulu Johnson; Goitre Prevention, Dr. J. Earl Else; Some Phases of Public Health Education, Dr. William Levin. THE OREGON TUBERCULOSIS ASSOCIATION held its annual meeting on the two days following, February 28 and 29. Some of the topics discussed by nurses at these meetings were: Selling Health Through Sanatoria, Mary C. Campbell; Selling Health Through Clinic and Dispensary, L. Grace Holmes, Cecil L. Shreyer; Selling Health Through the Public Health Nurse, Marion G. Crowe, Mary A. Brownell, Bertha G. Wilson, Lydia Fricke; Selling Health Through Education in the Schools, Esther E. Unis, Mabel Eisaman. Florence Grundy and Mrs. Ellen Post have been appointed Public Health nurses in Douglas County, Della Pearson in Clackamas County, Mrs. Florence Paterson in Clatsop County.

**Pennsylvania: Allentown.**—THE HOMEOPATHIC STATE HOSPITAL celebrated Washington's Birthday by an entertainment in which the nurses' chorus took part. **Clearfield.**—THE ALUMNAE ASSOCIATION OF THE CLEARFIELD HOSPITAL held a food sale which cleared \$53 for the Endowment Fund. **Oil City.**—Clara Peck has resigned her position at the Oil City Hospital. **Philadelphia.**—THE NURSES' ALUMNAE ASSOCIATION OF THE

WOMAN'S HOSPITAL held its annual meeting on January 14. The officers for the year were elected as follows: President, Mrs. Sara S. Entwisle; vice-presidents, Edna M. Buck, Mrs. Emma P. Vollers; recording secretary, Mary C. Schabinger; corresponding secretary, Daisy L. Helman; treasurer, Anna M. Peters. During the past year the association contributed fifty dollars to the Legislative Fund, ten dollars to the Japanese Relief Fund, one hundred and five dollars to the Nurses' Relief Fund. A tea was given to the graduating class and twelve new members were admitted during the year. A delegate was sent to the State Convention. THE ALUMNAE ASSOCIATION OF THE PRESBYTERIAN HOSPITAL at its February meeting voted to give a musicale in March in Witherspoon Hall, the proceeds to go to the Endowment Fund of the Association. THE ALUMNAE ASSOCIATION OF THE JEWISH HOSPITAL held a meeting in February at which Margaret Breslin Thompson spoke on Christmas Seals. **Pittsburgh.**—THE ALUMNAE OF ST. FRANCIS' HOSPITAL met at the Hospital February 28, and were entertained by the students, who gave a minstrel show. **Wilkes-Barre.**—MERCY HOSPITAL ALUMNAE, at their meeting, March 3, had a real treat in the form of a lecture on Insulin given by Dr. W. J. Davis. Many visiting nurses were present.

**Rhode Island:** THE RHODE ISLAND BOARD OF EXAMINERS OF TRAINED NURSES will examine applicants for state registration at the State House, Providence, May 7 and 8, at 9 a. m. Application blanks and information may be obtained from the Secretary-treasurer, Lucy C. Ayers, Woonsocket Hospital, Woonsocket. **Providence.**—THE STATE LEAGUE OF NURSING EDUCATION entertained the Freshman and Sophomore classes of the high schools on February 27. Moving pictures showed the life of one day of a nurse in training. ST. BARNABAS GUILD held a service in Grace Church, February 28. Rev. Dr. Sturgis preached the sermon; six members were received. ST. JOSEPH'S HOSPITAL SENIORS were treated to a turkey dinner on February 14 by the lower classes. THE ST. CAMILLUS GUILD OF CATHOLIC NURSES gave a card party on February 16 to raise funds toward the new hostel for professional women. **Woonsocket.**—THE WOONSOCKET HOSPITAL NURSES' ALUMNAE

ASSOCIATION held its third annual meeting on January 15, the following officers being elected: President, Kathryn Roddy; vice-presidents, Mary Mee, Mrs. C. A. Lambert; recording secretary, Hortense Daignault; corresponding secretary, Rose Donaldson; assistant secretary, Beatrice Cassidy; treasurer, Mrs. Carleton Scott. The dance given by the Alumnae on January 24 was successful both socially and financially. The proceeds will go toward the Sick Benefit Fund. A whist party was held at the St. Charles Clinic on March 4.

**Texas: Houston.**—THE YEAR BOOK OF THE NINTH DISTRICT (the Graduate Nurses' Association of Houston), although small, contains much interesting material. It properly opens with the Nightingale Pledge, a Collect for Graduate Nurses, and the Order of Business for meetings. In addition to a Program for a meeting with each Alumnae in Houston, there are Programs for President's Day, Radium Day, Graduating Classes' Day, Registry Day and *American Journal of Nursing* Day. The little booklet closes with Information for the members of the Association and Registry. At the March meeting of District 9, held at the Norsworthy Hospital, Dr. McDeed spoke on Heliotherapy; Dr. Norsworthy on Radium; Mrs. Guy M. Brown, President of the Federation of Women's Clubs, on Plans in Connection with the Art Museum.

**Washington: Seattle.**—SISTER CALLISTA, for many years the beloved directress of nurses at Providence Hospital, has been transferred to the new Mt. St. Vincent's Home for the Aged, where her administrative ability will be utilized in furnishing and organizing the institution. Sister Callista is succeeded by Sister Mary Magna, a graduate of the Northwestern Hospital of Minneapolis, who has been directress of St. Joseph's Hospital, Vancouver.

**West Virginia:** THE WEST VIRGINIA STATE BOARD EXAMINATION FOR "NURSES" will be held at Bluefield, Keyser, Charleston, and Wheeling, April 23, at 8 a. m. All applications to be sent to the Secretary by April 13. Jessie A. Clarke, Secretary, Wheeling, W. Va.

**Wisconsin: Milwaukee.**—At the regular monthly meeting of the FOURTH AND FIFTH DISTRICT, held at the Wisconsin Nurses' Club, February 12, Mrs. Clinton M. Barr, who had

recently returned from the Women's Democratic convention at Cleveland, gave a very live talk on Woman's Participation in Politics. The individual members were the hostesses of the evening.

### MARRIAGES

**Helen Louise Bare** (class of 1920, Lankenau Hospital, Philadelphia), to Martin B. Shellenberger, February 21. At home, York, Pa.

**Mrs. Carroll** (class of 1922, Minor Private Hospital, Seattle, Wash.), to Andrew Fuller, February 2. At home, Seattle.

**Violet M. Colbert** (class of 1918, Park Hospital, Wabash, Ind.), to Myrle Alexander, February 21. At home, Silver Lake, Ind.

**Christie Dalrymple** (class of 1921, Army School of Nursing), to Joseph S. Brown, February 9. At home, Takoma Park, Md.

**Eleanor Rolf Erwin**, to Charles Frederick Erck, February 20, in New York City. At home, Honolulu, H. I.

**Blanche A. Filla** (class of 1921, Winona General Hospital, Winona, Minn.), to Earl Bingham, January 26.

**Mary Ellen Funston** (class of 1920, Lankenau Hospital, Philadelphia), to John Bohm, March 8. At home, Philadelphia.

**Mary E. Gorevin** (City Hospital, Haverhill, Mass.), to Clem D. Gilliland, March 1. At home, Jacksonville, Fla.

**Margaret E. Kerr** (class of 1920, Union Hospital, Fall River, Mass.), to Daniel Sullivan, February 25.

**Leone McAllister** (class of 1923, Seattle General Hospital, Seattle, Wash.), to William E. Lambert, February 10.

**Beatrice Mary Matthews** (class of 1917, Sherman Hospital, Elgin, Ill.), to Robert Virgil Titus, March 4. At home, New York.

**Louise Dorothy Payne** (class of 1922, F. F. Thompson Hospital, Canandaigua, N. Y.), to Royal S. Purdy, February 23. At home, Canandaigua.

**Sophia Dorothea Roess** (Presbyterian Hospital, Philadelphia, Pa.), to David Wallace Duncan, February 5.

**Maury Schwarz** (Army School of Nursing), to A. Ray Smith, February 13. At home, Tonkawa, Okla.

**Vina O. Stenroden** (class of 1921, St. John's Hospital, Red Wing, Minn.), to Clarence Ulvin, January 9. At home, Spring Grove, Minn.

**Esther Ellen Westman** (class of 1914, Research Hospital, Kansas City, Mo.), to C. P. Campbell, January 24. At home, Ancon, Canal Zone.

**Georgia Helena Yates** (class of 1913, J. C. Proctor Hospital, Peoria, Ill.), to Clarence E. Tennis, February 27. At home, Peoria, Ill.

#### DEATHS

**Lazalle Aylward** (class of 1906, Staten Island Hospital, Staten Island, N. Y.), on February 15, of pneumonia. Burial was at her home in Canada.

**Anna C. H. Christensen** (class of 1895, Methodist Episcopal Hospital, Brooklyn, N. Y.), suddenly, on February 15, at Hotel Driscoll, Washington, D. C., of hemorrhage of the brain. Miss Christensen practiced her profession in Brooklyn for a few years after her graduation and later settled in Montana, where she lived for fourteen years. During the World War Miss Christensen served in the Army Nurse Corps, having organized a Red Cross Unit of fifteen nurses from Montana, which was stationed at Fort Riley, Kansas, during the epidemic of meningitis and influenza. It was during her work at this place that she contracted pneumonia with serious heart complications, from which she never fully recovered. The last three years of her life were full of suffering, borne with courage and fortitude. At the time of her death she was engaged in the Public Health Service in Washington, D. C. She was buried in Red Cross uniform, with full military honors, at Arlington National Cemetery, members of the American Legion acting as escort.

**Sue Conroy** (class of 1920, St. Joseph's Hospital, Pittsburgh, Pa.), in Knoxville, on February 2, of tuberculosis.

**Violet D. Eddy** (student in the Army School of Nursing, class of 1924), at her home in Cortland, N. Y., February 27. Miss Eddy was on leave and her death was unexpected. She was an attractive and gifted young

woman who did excellent work as a nurse. She will be greatly missed.

**Mrs. C. L. Holmes (Eliza Egbert)**, class of 1895, Presbyterian Hospital, Philadelphia), on January 1, at Waterbury, Conn.

**Mrs. Tillie (Ray A. Everingham)**, class of 1894, Jewish Hospital, Philadelphia), on December 12, 1923.

**Virginia S. Field** (class of 1883, Bellevue Hospital, New York), in February, at the Clifton Springs Sanitarium, Clifton Springs, N. Y. Miss Field was at one time assistant superintendent of her own school and she was, in 1889-1890, Superintendent of the Illinois Training School, Chicago. She was Matron of the Bellevue Nurses' Home and she had done private duty nursing. She was faithful and conscientious in all her work, having high ideals of character and service.

**Louise Riggs Follis** (class of 1902, Johns Hopkins Hospital, Baltimore, Md.), suddenly, on November 30, 1923. Mrs. Follis had a bright and cheerful disposition, combined with efficient and faithful performance of her duties, which endeared her to all with whom she came in contact.

**Frances A. Groves** (class of 1895, Massachusetts Homeopathic Hospital), on February 24, at Brimfield, Mass. Miss Groves served during the Spanish-American War, at Ponce, Porto Rico. She was ill but one week.

**Carrie Hall** (class of 1881, Bellevue Hospital, New York City), recently, at her home in Syracuse, N. Y.

**Josephine Howey** (class of 1924, Mary Miller Hayes Training School, Fremont, Ohio), on September 1, 1923. Miss Howey was a splendid type of woman with high ideals, and an excellent nurse who was very much loved by her co-workers and her patients. She contracted tubercular meningitis and after a three weeks' illness passed away, in spite of unexcelled medical attention. Her loss is mourned by her associates.

**Susan Husband** (class of 1914, West Penn Hospital, Pittsburgh, Pa.), suddenly, in January, in West Penn Hospital, following an operation. Burial was at Donegal, Pa.

**Sadie Johnson** (class of 1922, Touro Infirmary, New Orleans, La.), February 2, at Shreveport, of tuberculosis.

**Mrs. Gladys Buckley King** (class of 1920, Minor Hospital, Seattle, Wash.), on February 16, at Denver, Colo.

**Katherine McKinley** (class of 1913, St. Mary's Hospital, Brooklyn, N. Y.), on January 18, in Los Angeles, Calif.

**Mary O'Connor** (class of 1909, Bellevue Hospital, New York), in February. Miss O'Connor was a private duty nurse who considered her patient's interest first. She will be greatly missed.

**Elizabeth V. Read** (class of 1896, Union Hospital, Fall River, Mass.), on February 6. Miss Read has held positions at the Parker Hill Hospital, Boston, Mass., and with the District Nursing Association of Boston. For the past year she has been in Exeter, N. H., where she died of cerebral hemorrhage. She was a true friend and loyal to her profession. Burial was at Pawtucket, R. I.

**Margaret Saunders** (class of 1921, Johns Hopkins Hospital, Baltimore, Md.), on July 23, 1923, at the home of her mother in Chattanooga, Tenn. Miss Saunders devoted herself with untiring effort to her profession. Soon after graduation she held the position of Night Supervisor at "The Kunball Cottage," Boston, Mass.; and later was in charge of the department of pediatrics in the Tennessee Coal and Iron Hospital, Fairfield, Ala. Her sudden death was a shock to her family and friends.

**Anne Adams Taylor** (class of 1902, Philadelphia Orthopaedic Hospital and Infirmary for Nervous Diseases), at Sewickley Valley Hospital, Sewickley, Pa., February 15, after

an illness of eight weeks. Miss Taylor at the time of her death held the position of Assistant Superintendent of the Hospital and Training School for Nurses at the Sewickley Valley Hospital where she had been for the past five years. She will be remembered by those who knew her as a woman of high principles whose mentality and ability were above the average. Our profession has suffered the loss of one of its most valuable members. A service was held at Sewickley. Burial was in Philadelphia.

**Edith Godfrey Thompson** (class of 1918, Reading Hospital, Reading, Pa.), on November 9, 1923, after a short illness. Miss Thompson was a member of the Visiting Nurse Association in Reading until the time of her illness. She was devoted to her work and kind to all.

**Mary Blanche Walter** (class of 1921, Ohio Valley Hospital, Steubenville, O.), on January 30, at Saranac Lake, N. Y., of pulmonary tuberculosis. Miss Walter had been ill for several months, but her death came as a great shock to her many friends. After graduation, she was awarded the scarlet seal for high grades, in the Ohio State Board examination. She was then appointed Surgical Supervisor at Ohio Valley Hospital, Steubenville, where her quiet ways and capable work were appreciated by all those with whom she came in contact. She gave the full measure of service with a fine spirit. Burial was at Kittanning, Pa.

**M. M. Wheeler**, a missionary nurse in China, died in the Hospital for Women and Children, Chengtu, November 2, 1923.

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"Who would recall his friend?

Not I. Mine be his end!

Here tumult reigns, here crowds increase;

With him is peace."

—P. A. Barnett.



## BOOK REVIEWS

LAUNDERING, (Home-Institution). By Lydia Ray Balderston, A.M. 389 pages. 188 illustrations in text. J. B. Lippincott Company, Philadelphia. Price, \$2.50.

Fifty years ago, when meager attention was paid to child culture, the classic Mother Goose told of a Pussy-cat who went to London to visit the Queen; another nursery adage was in effect that a Cat might look at a King. It is in such a spirit that this reviewer approaches this book.

Between its covers of blue and tan probably there are more things pertaining to laundering than Horatio ever dreamt of in his philosophy. One seldom sees a subject so thoroughly, convincingly and interestingly presented. In the first chapter the writer emphasizes clothing as one of the three essentials of life, which we admit it to be, in this climate. She then proceeds to demonstrate that clothing, in a large sense, includes all fabrics used in the family life and the renewal or renovation of them by cleansing methods. We are introduced to the vegetable fibers, cotton and linen, also to the animal fibers, wool and silk, which require different cleansing methods. The wearing and washing qualities of each are discussed and we are convinced that the solution of many laundry problems begins with the buyer. We learn that the type of soil, whether organic or inorganic, influences the choice of cleansing agents. A valuable list of stain removers for each class follows. Some of the wash we should mend, all of it we should mark and sort, before committing it to

water. There is a chapter on soap, one on blue, another on starch; fumigation and disinfection are also dealt with.

Home laundry methods are given in detail with supplies and equipment needed. Seventy pages are devoted to the institutional laundry, with attention to size, location, layout, routing, machinery and its care, safety rules, etc. The administration of the institutional laundry deals with the personnel including a welfare room, with labor laws, insurance, and with waste and its elimination. All with a liberal number of illustrations which total 188.

The book goes on to explain not only how to wash but how to iron and how to fold. Then follows a chapter on how to teach, with suggested outlines for those who are teaching the Art of Laundering, and a most interesting as well as useful art it is.

The concluding chapter is on the development of laundering from the time of the early Egyptians who trod their clothes in the water to the last word in the equipment of the modern steam laundry of today. Twenty-five chapters in all, every chapter, as an educational supply, worth the price of the book.

MARY L. KEITH, R.N.,  
Rochester, N. Y.

CHILDREN'S DISEASES FOR NURSES. By William Palmer Lucas, A.B., M.D. The Macmillan Company, New York. Price, \$3.50.

In the past few months, those of us who are working with children have been able to make several valuable additions to our libraries. *The Journals of*

October and November carried reviews of six volumes devoted to the care and needs of infants and children in health and sickness and now comes perhaps the most notable volume of all in Dr. Lucas' *Children's Diseases for Nurses*.

In this book, Dr. Lucas, whose wide experience both in this country and overseas gives him a position of unquestioned authority, has made to nursing literature an unusual contribution. First of all he discusses the fundamental principles in pediatric nursing with the need of knowing the differences between adult and child. He takes up his subject from the modern viewpoint of the normal and healthy, laying the background for this in a chapter on the importance of pre-natal and postpartum care of the mother to the welfare of the baby. He tells what normal growth and development in the infant should mean and the points essential in the hygiene of infancy from birth on.

The section on malformations and disease conditions in the newborn child is especially well illustrated, though indeed the whole book is excellent in this respect, containing as it does some 155 photographs and 17 charts. The plates are large and clear and seem particularly relevant. Breast feeding, milk and artificial feeding are considered in detail and then in the last quarter of Part I, feeding disturbances, malnutrition, prematurity and rickets, tetany, eczema and scurvy are fully discussed.

Part II, entitled "Childhood," again starts out with normal growth and development. "I think," says Dr. Lucas, "for the nursing care of children, a study of a normal background is of incalculable value in meeting the child's diseased condition, be it acute or

chronic." The relation of nutrition to health with a detailed account of the right feeding of the well child, before coming to the right feeding of the sick child, malnutrition and the diseases of the digestive system, follows. The remainder of the book takes up the diseases of the other systems with additional chapters on infectious diseases, tuberculosis, syphilis and other special diseases, such as those of the internal glands and skin.

This book should serve as a reliable and valuable reference to student and graduate alike with its logical and interesting treatment of children's conditions. The bibliographies at the ends of the chapters, giving page references, not only to standard pediatric text books, but also to articles in the current periodicals should facilitate and stimulate further study. The descriptions of special nursing procedures emphasize principles rather than technical details. The reader is throughout encouraged to think things through from causes to effects, not asked to accept didactic information to be learned by rote. The broad point of view of the author also demands consideration of the family and social problems that may arise as well as of those relating strictly to medicine and nursing.

As one finishes the book, one feels that in writing it for the nursing profession Dr. Lucas has given us a real aid toward meeting the challenge with which he concludes his introduction. To quote in part:

The world knows that its future rests  
\* \* \* upon millions of children who must  
be developed into strong men and women.  
This great challenge comes to all of us whose  
special interest and skill is in the care of little

children everywhere and it means new and greater efforts for the pediatrician, and more devoted and intelligent service for every nurse who cares for children, sick or well.

MARGARET VICKERY, B.S., R.N.,  
*Boston, Mass.*

**GERIATRICS.** A Treatise on the Prevention and Treatment of Diseases of Old Age and the Care of the Aged. By Malford W. Thewlis, M.D. 401 pages. C. V. Mosby Co., St. Louis, Mo. Price, \$4.50.

This is the second edition of Dr. Thewlis' book, revised and enlarged, with introductions by Dr. A. Jacobi and Dr. I. L. Nascher. It is illustrated and followed by a bibliography.

The name Geriatrics was coined in 1914 by Dr. I. L. Nascher. The word comes from the Greek. This new branch of medical science includes the treatment of senile diseases, the care of the aged, the causes of ageing and the study of ways to lengthen life.

The book is not a text book, but a series of brief clinical histories of cases, with treatment given and a short discussion. There are no statistics, as the number of cases studied was insufficient to give statistical data of value. The author has studied his patients closely. He is scientifically interested and at the same time he seems to have a real feeling and great sympathy for the aged.

It is usually agreed that old age begins at the traditional three score years and ten, but senile changes begin normally after the age of forty-five, although senile changes are sometimes found in persons many years younger and with no apparent cause. The distinction must be made between normal

senile degeneration, due to old age, and that due to disease. High blood pressure and arterial sclerosis in the aged are not diseases, but normal processes in a person growing old. Diseases present different symptoms and complications when they occur in old age from what they do when they occur in adult life. Hence, diseases of old age require different treatment. They constitute a separate study, as do those of childhood or those of adult life.

Dr. Thewlis puts great emphasis on keeping aged patients up and about. He believes encouragement and attention are better than medicine for the old people. Work is important for them, as they are better physically, if employed, and they are happier if they can earn and be independent.

The aged are valuable to society and have achieved much. Edward Everett Hale published his *Memories* when he was nearly eighty, and was elected chaplain of the United States Senate at eighty-two. Elihu Root was seventy-two when he was sent on a mission to Russia by our government. Older people often have a wealth of experience and knowledge that they can give to the young. In working together, both profit.

There are chapters in Dr. Thewlis' book covering nearly all common diseases of the aged, and also chapters on diet, mentality and therapeutics. The chapter entitled *Functional Recuperation for Senile Paralysis* was most interesting and gave a brief sketch of the method of Dr. Bidou in Paris. Because the subject of old age has been given comparatively little attention in modern health programs, this book is

recommended to nurses, who should meet all age groups with understanding and sympathy.

JOSEPHINE TUELL, R.N.,  
New York, N. Y.

THE LITTLE BLUE BOOKS.—This is a series of sixteen exceedingly practical

and interesting little monographs by Dr. Helen Macmurchy, which may be obtained from the Department of Health, Ottawa, Canada. Every phase of home making is considered, from "How to Take Care of the Baby" and "Beginning a Home in Canada," up to "Household Cost Accounting in Canada."

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**Mrs. Nan H. Ewing, R.N.**, is Principal of the School of Nursing, Ravenswood Hospital Association, Chicago. She has made a special study of the subject on which she writes:

**Isabel M. Stewart, R.N.**, graduate of the Winnipeg General Hospital, is best known for her work at Teachers College in the Department of Nursing and Health, where she is now Assistant Professor of Nursing.

The announcement that Drs. George H. and Gladys Henry Dick, of the John McCormick Institute for Infectious Diseases, have been successful in inoculating healthy persons with scarlet fever, and that they have produced a skin test for use in scarlet fever which shows whether or not a person is susceptible \* \* \* to the disease, was the significant factor in the *Health News* for the month. \* \* \* It appears that the Dick skin test may assume the same importance in scarlet fever as does the Schick test in diphtheria, and that the discoveries recently made may lead to specific methods for the prevention and cure of the disease.

—*Hygeia* for March.

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